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Canada

The evolution in Canada of the citizen's movement
against Nestle, 1978-1984: A descriptive study

by

Dé Bryant

A Thesis
Submitted to the Department of Psychology
In Partial Fulfillment of the Requirements
for the Degree
Master of Arts

Wilfrid Laurier University
Waterloo, Ontario
Canada
May, 1985

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ABSTRACT

This is an historical study of a social action. The purpose of the study was two-fold: 1) to document the evolution in Canada of the infant formula controversy, and 2) to use the intervention as a case example with which to propose a theoretical model of social action.

In Canada the history of the controversy went from 1978 to 1984. During that time action groups for activists and industry reported similar changes in focus. Their targeted audiences changed from being the general public to being the "power elite": professionals with political clout and money. The primary topics groups advocated moved from general consciousness-raising to the subtleties of implementing change activities. Their preferred tactics were at first educational and later stressed monitoring the change process. Industry and activist groups alike initially concentrated on the Third World context of the issues; then, activists divided their efforts between implementation in Canada and in developing countries. Both activists and industry claimed great success at goal attainment.

A five-stage natural history model of social change is proposed. The model is a reformulation of a sociological framework describing the development of social problems. Social change is posited to evolve through claims-making activities, establishment response, claims-makers' response, developing alternatives, and a definitional shift. This final stage was added to the original model to reflect the cyclical nature of decision-making to create second-order change.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	i
ABSTRACT	ii
TABLE OF CONTENTS.	iii
LIST OF FIGURES.	vi
LIST OF TABLES	vii
LIST OF APPENDICES	viii
INTRODUCTION	
Purpose of Study.	1
Historical Perspective.	3
Personal Entry into the Issues.	8
Research Question	10
Research Philosophy	11
Scope of Study.	12
Overview of Thesis.	14
REVIEW OF THE LITERATURE	
Natural History Conceptualization of Social Problems.	15
Careers of Social Movements-Social Actions.	20
Studies Relevant to the Infant	22
Formula Controversy	22
Uses of Evaluation Methodology.	23

PROPOSED MODIFICATION OF NATURAL HISTORY MODEL

Fitting the Model	26
Theoretical State of the Art	30
Methodological Problems	32

METHODOLOGY

Evaluation Methodology	35
Judiciary Evaluation Model	36
Pilot Study	37
Systems Analysis	40
Data Collection	41
Archival Data Search	41
Key Informant Interviews	42
Data Analysis	43
Content Analysis	43

RESULTS

Content Analysis: Key Informant Interviews	45
Creation of Settings	46
Survival Issues	51
Indicators of Change	55
Priority/Success Ratings	67
Content Analysis: Archival Data	73
Time period: 1978-1980	74
Time period: 1981-1982	74
Time period: 1983-1984	75
Historical Narrative	75

DISCUSSION

Natural History Model: The First Four Stages. 132

Stage 1: Clams-Making Activities. 134

Stage 2: Establishment Response 141

Stage 3: Claims-Makers Response 147

Stage 4: Developing Alternatives. 150

Evidence for the Modified Model 157

Stage 5: Definitional Shift 158

Critique of the Research. 164

REFERENCE NOTES. 171

REFERENCES 172

FIGURES

Figure 1: The Natural History of Social Problems-Social Action

Figure 2: The Judiciary Evaluation Model (JEM)

Figure 3: Timeline: "Before the Beginning"

Figure 4: Timeline: 1978-1980

Figure 5: Timeline: 1981-1982

Figure 6: Timeline: 1983-1984

Figure 7: Stages within Stages

TABLES

- Table 1: Content Analysis, Structured Interview: INFAC
Creation of a Setting
- Table 2: Content Analysis, Structured Interview: Nestle
Creation of a Setting
- Table 3: Content Analysis, Structured Interview: INFAC
Survival Issues
- Table 4: Content Analysis, Structured Interview: Nestle
Survival Issues
- Table 5: Summary Table, Indicators of Change
- Table 6: Summary Table, Priority/Success Ratings
- Table 7: Summary Table, Archival Data Search

APPENDICES

Appendix A: Goal Attainment Scale, Goal Setting Scale

Appendix B: Archival Search Sources, Archival Search Guidelines

Appendix C: Key Informants, Initial Contact Letters,
Preamble Statement, Structured Interviews

Appendix D: Content Analysis Guide, Results

(Tables)

Table 1: Summary Table: Creation of Settings

Table 2: Summary Table: Survival Issues

Table 3: Summary Table: Indicators of Change

Table 4: Summary Table: Priority/Success Rankings

Table 5: Summary Table: Archival Data Search

Table 6: Content Analysis, Archival Data Search
Action Tactics

Table 7: Content Analysis, Archival Data Search
Audience

Table 8: Content Analysis, Archival Data Search
Topic

Table 9: Content Analysis, Archival Data Search
Geographic Emphasis

(Figures)

Figure 1: Content Analysis, Structured Interview: INFAC
Indicators of Change, Primary Tactic

Figure 2: Content Analysis, Structured Interview: Nestle
Indicators of Change, Primary Tactic

Figure 3: Content Analysis, Structured Interview: INFAC
Indicators of Change, Primary Audience

Figure 4: Content Analysis, Structured Interview: Nestle

Indicators of Change, Primary Audience

- Figure 5: Content Analysis, Structured Interview: INFAC
Indicators of Change, Primary Topic
- Figure 6: Content Analysis, Structured Interview: Nestle
Indicators of Change, Primary Topic
- Figure 7: Content Analysis, Structured Interview: INFAC
Indicators of Change, Typical Response
- Figure 8: Content Analysis, Structured Interview: Nestle
Indicators of Change, Typical Response
- Figure 9: Content Analysis, Structured Interview: INFAC
Priority Rankings
- Figure 10: Content Analysis, Structured Interview: Nestle
Priority Rankings
- Figure 11: Content Analysis, Structured Interview: INFAC
Success Rankings
- Figure 12: Content Analysis, Structured Interview: Nestle
Success Rankings

Appendix E: International Code of Marketing of Breastmilk Substitutes

Nestle Revised Instructions to Companies of the Nestle
Group and to Agents and Distributors Who Market Infant
Formula Under Trademarks Owned by the Nestle Group

International Baby Food Action Network Commentary on the
WHO International Code of Marketing of Breastmilk
Substitutes

INTRODUCTION

Purpose of Study

The purpose of the present study is twofold: 1) to document the evolution in Canada of the infant formula controversy, and 2) using that case history as an example, to propose a theoretical model through which similar social actions may be understood in the future.

The infant-foods controversy is a social action which evolved to contain elements of what has traditionally been called a social movement. The distinction between the two should be kept clear. Both phenomena are forms of social change. Participants in social action as well as social movements consciously attempt to produce change in the current order. The two types of social change activities differ in that social movements tend to be greater in size and more institutionalized. Social action, on the other hand, has historically been done by a small number of activists working at odds with the target system (cf., Keating, 1975; Himelfarb & Richardson, 1979).

During the course of its development, the confrontation between citizens and the infant formula industry came to resemble a social movement. Over the years, greater numbers of supporters were attracted to both sides of the issue. At the time of this investigation participants came from nations all over the world.

Additionally, changes set in place to ameliorate the conditions defined as problems became parts of the social structure.

Despite the similarities, the infant formula controversy consistently retained characteristics of a social action. Smaller groups of activists co-ordinated their efforts to energize the larger movement. Individuals who were a part of these groups saw themselves as operating outside the system. Institutionalization of alternatives they developed was viewed as successful intervention.

This study examined the history of the confrontation as it evolved in Canada. Development of the Nestle Boycott, the most publicized tactic, was one aspect studied. Other relevant issues were the creation by citizens or by industry of action groups advocating for their definition of the problem; survival concerns faced by groups on both sides of the issue; and indicators of change in the movement's foci during the course of its career.

In constructing a theoretical model, the aim was to create a research tool which will facilitate further empirical study. As community psychologists, part of our stewardship is to teach people how to be social interventionists. In order to accomplish this, we need a science of describing social change. Generic models are required through which to view the developmental course of a social action. Using these models, future activists can be taught about the process of social intervention.

To produce such a theory, the level of inquiry must encompass the broad perspective. The model must be "big" enough. It must account for identification of the problem, mobilization of the populace, societal response to change activities, the activists' counter-response, the development of alternatives, and provisions to sustain the social action over time. The proposed model provides such a framework.

Historical Perspective

The infant formula controversy is exemplary of the development of social action on an international scale. The movement in Canada began during 1978. A group of 15 concerned individuals formed the "Bottle Babies" Study/Action Group. Their aim was to publicize what they saw as unethical marketing practices in the Third World. The activists believed infant formula manufacturers were guilty of corporate irresponsibility. These companies aggressively marketed their products in developing countries under conditions where improper use was almost inevitable. The study group contended that the infant formula industry ignored realities such as poverty, illiteracy, and inadequate health facilities. Exploitive promotional tactics were directly linked to the high incidence of bottle-feeding. Then, improper use of breastmilk substitutes by mothers of newborns resulted in increased infant mortality (Chetley, 1979).

The founding members recruited other supporters. Local settings devoted to social change were created in communities

across Canada. During the ensuing 6-1/2 years these cells of activity coalesced into a nation-wide network called the Infant Formula Action Coalition (INFACT). A recent network publication reflects the issues which were addressed during that time:

Some of the important accomplishments of this movement include documentation of bottlefeeding problems and industry's role in it, developing effective citizen pressure campaigns to stop industry abuses, [and] coordination of negotiations with major transnational corporations (Baby Milk Conference, 1984, p. 3).

Member groups within the Canadian network sought to accomplish a number of goals. Their mission statement was to create second order change (Watzlawick, Weakland, & Fisch, 1974), that is, significant restructuring of societal norms. Consequently they undertook to change social, political, and economic systems. Some groups stressed "motherhood" issues, especially the norms regarding breastfeeding. Members advocated for women's rights to informed choice in decisions of infant care. Female-male sex roles and social support for breast-feeding were examined. The groups also addressed cultural differences in expectations about child care practices.

Other groups in the network focussed on political/economic factors. Their efforts emphasized the impact of industry on decisions for child care. They analyzed political contingencies which affect adequate industry monitoring. The citizens also

pointed out the consequences of inappropriate transfer of western technology to developing countries.

Both factions agreed that to effectively press their claims, an organizing tactic was needed. The citizens felt that other attempts to stop industry abuses had failed and more powerful efforts were necessary. In this context the Nestle boycott was called in 1977.

A national office (INFACT-Canada) was put into place to co-ordinate boycott action on local levels. Also, an international body was created to negotiate with Nestle on behalf of the local groups. The International Nestle Boycott Committee (INBC) represented boycotting groups in Canada and the United States.

A major objective of the baby milk controversy was to generate an international code of marketing. Activists were insistent. Industry irresponsibility would only be corrected when regulatory sanctions began to be levied against errant companies.

Toward that aim, representatives from INFACT-Canada joined those of other national coalitions. The International Baby Food Action Network (IBFAN) was formed. In a co-ordinated effort, citizens pressured their respective governments to endorse a means for monitoring industry practices. In 1981 WHO/UNICEF adopted the International Code of Marketing of Breastmilk Substitutes as a recommendation.

Since its adoption, groups have concentrated on universal implementation of the Code. National coalitions are now lobbying in their own countries for compliance with the Code by industry and health facilities. Canadian baby food action groups are pressuring at provincial and community levels. Governments, health professionals, and diverse interest groups are being apprised of the Code's relevance to Canada.

Nestle was the principal target of activities by the citizens. The company was singled out for two reasons. First, Nestle controlled the largest share of the infant formula market in developing countries. Second, the company was immune to shareholder actions like those used against American companies. This is true because Nestle is a Swiss-owned company.

From the boycott's inception the company insisted that it was willing to correct verified instances of abuse. Periodically Nestle issued public statements which presented their position:

The marketing of infant formula in the Third World has been the target of severe criticism. Extrapolating from a few clearly justified criticisms of inappropriate marketing practices critics went to the other extreme and accused industry of "killing babies." The debate became totally irrational, ideological and biased... Nestle has always sought to do business in a responsible way. Although convinced of the need for appropriate breastmilk substitutes, Nestle has nevertheless encouraged breastfeeding both in developing countries and elsewhere (Infant Feeding, 1983, pp. 116).

7

Throughout the history of the controversy this message has been oft repeated by company spokespersons and literature. Nestle representatives participated in debates or presentations before interested groups or organizations, television and radio audiences, as well as governmental bodies at all levels.

In 1981, following the adoption of the Code, the company made a public announcement stating support of the the aims and spirit of the recommendation. Instructions regarding implementation were issued to field personnel from Nestle in Switzerland. To further demonstrate its compliance to the Code, Nestle created the Nestle Infant Formula Audit Commission (NIFAC). The Commission is a monitoring body mandated to address alleged marketing improprieties around the world. Its charter stated that the Commission's goal was to ensure that Nestle lived up to its publicly stated commitments.

Nestle representatives met with members of the INBC in early 1984. Four points of contention were isolated: 1) provision of free samples to hospitals and medical professionals, and routine distribution of discharge packs of infant formula to mothers leaving the hospital, 2) the practice of giving gifts to medical professionals, 3) providing health professionals or mothers with literature which did not include details of risks and hazards of formula feeding, and 4) labels which idealized bottle feeding without giving adequate warnings about the hazards of misuse.

A series of meetings were held between Nestle representatives and the INBC. UNICEF acted as facilitator. The result was that in January, 1984 a Joint Agreement was signed to suspend the boycott for six months. If during that period Nestle's compliance on the four points was verified, the boycott would be terminated.

In the months that followed Nestle worked with INBC, UNICEF, WHO, and NIFAC to fulfill its agreements. The organizations met again in October, 1984. It was judged that Nestle had complied with or made significant efforts toward compliance on the four points. The Nestle Boycott was officially terminated.

Since then, Nestle has continued to collaborate with concerned parties and international organizations. The company publicly expresses its commitment to the spirit and aims of the Code. Representatives go on to state, however, that unilateral implementation by Nestle would be fruitless. Comparable action from other manufacturers is needed. Furthermore, to be truly effective the Code must be made into law by national governments.

Personal Entry into the Issues

My initial contact with the controversy substitutes was through coursework which was part of a community psychology master's program. Practicum placements, designed to give experiential training in community settings, were an integral part of the curriculum. I selected a placement with the United

Church. This organization was highly involved in the evolution of the infant formula movement.

In the setting, my contributions were of an evaluative nature. I conducted process evaluations on planning meetings held by the social issues task force. During the same period I consulted with the national infant formula action network (INFACT-Canada) through their task force representative. The product was an historical assessment of their goal attainment in Ontario. This assessment also functioned as the pilot study for the research presented here. Finally, I attended the international strategy conference held in February, 1984. My purpose for being present was to gain a better understanding of the controversy and thus enrich the data base of the current research. While attending, I also consulted with the United Church, through their representative to the conference, in the role of process observer.

My entry into the issue was through the citizen's movement; it is possible that this point of contact may somehow influence the investigation which follows. However, the research design is a conscious attempt to correct for investigator bias.

The research question focusses on the participants' definitions of the controversy. People directly involved in the events stated their own vested interests and made assertions regarding culpability on the part of others. In addition, the research philosophy and methodology were selected for their

emphasis on comprehensive data collection. The study would be invalid if information was not acquired from Nestle representatives as well as from the activists.

Research Question

The research question for the present study is: "What framework can one use to examine the evolutionary process of a social action?" Review of the literature was less than helpful in answering such a question. There is a gap in terms of a comprehensive theory for the development of social action.

Sociologists and community psychologists have posited stages through which social unrest is thought to unfold. However, there are few detailed studies that provide empirical evidence for the proposed progressions. To further complicate matters, the confrontation between infant formula manufacturers and activists is unique in both fields. It is an international moral movement whose intent is to create second order change. Examinations of this kind of social action do not exist.

Both sociology and community psychology literatures contain many investigations about the observable events which constitute social unrest. Likewise, much has been written about the personalities and characters who have participated in the action. However, the social science literature does not contain concise theories which encompass the creation, maintenance, and evolution of social action. In other words, they do not provide a

definition of the phenomenon. The current research will propose a theoretical model through which to define social action.

Research Philosophy

The infant formula controversy was documented using an "investigative research" philosophy. That is, exploratory research was conducted with the goal to produce a model of a phenomenon (Levine, 1980; Reischl et al., 1984).

The investigative philosophy greatly influenced the research design. For instance, the research objectives were an outgrowth of the orientation. One goal of the study was to generate empirical support for a theoretical model. The central premise of the proposed formulation is that social action be defined by the people involved in it. (See Section 3 for details.) Previous authors who have conducted research using the investigative point of view also stress the importance of gathering information from key informants (Levine, 1980; Reischl et al., 1984). Following their lead, the bulk of the data in the present investigation was provided by participants in the controversy. Information was in the form of interviews and written materials (for public or internal use).

Another advantage is that the orientation provides safeguards against hazards of collecting historical data. The baby milk

movement had existed in Canada for 6-1/2 years when this examination was conducted. Participants' recollections of events were hazy and archival data sometimes incomplete. Yet accurate information was required in order to reconstruct the movement's development. Levine (1980) stressed the importance of cross-verification using information from different sources. In this way accuracy, and reliability, could be increased.

Research methods were selected in part as a function of the investigative orientation. Interactions between the opposing sides in the controversy created a complex system of forces and counterforces. The Judiciary Evaluation Model (JEM) and systems analysis were best suited to examine the resulting complexities. Also, both evaluation methodologies stress the importance of comprehensive analysis. Missing information results in a distorted understanding of the system. The logical consequence would be questionable conclusions.

Scope of Study

The model proposed here is hypothetical. Its usefulness as a research tool remains to be tested and should be considered in light of constraints in the present study.

For instance, the empirical evidence is offered using a case example. The nature of the movement's growth mitigate, but do not eliminate, problems with generalizing from a single case. The intervention did not rise in a single groundswell of social

action. Pockets of activity began in various parts of Canada. These localized cells eventually coalesced into a national network of action groups. The Canadian national network then joined networks from other countries. The worldwide baby food action network was thus created.

The definitional process was not a one-time event. Rather, it occurred repeatedly at local, national, and international levels. Because of this characteristic, comparisons can be drawn from this study to other examples with increased confidence.

Another potential problem is in the fitting of the model. In the interests of clarity, some elements of reductionism may appear. Factors effecting the controversy were extremely complicated. Exhaustive analysis of all its intricacies was far beyond the scope of this investigation. Instead, signposts were sought that could guide an observer through the movement's creation and evolution.

As a matter of logistics, it was not feasible to include the details in their entirety. Neither was it necessary. The proposed model is not intended to be the definitive framework for viewing the process of social action. It does not seek to explain all the nuances of social intervention. The model is presented here as an impetus to further study.

Overview of the Thesis

Section 2 is a review of the literature. It documents the present theoretical gap. Much has been written about social action and social movements. However, little has been done to develop a model to define social action. Particular attention is given to past attempts in the sociological literature to create models from which to view social unrest.

An extrapolation of one such model, the natural history formulation, is presented in Section 3. Refinements are proposed by which this framework, generated in sociology, can be fitted to the community psychology paradigm.

Sections 4 and 5 are methodology and results, respectively. Research was designed and conducted to document the historical development of the infant formula movement.

Finally, Section 6 is a discussion of the findings. Verification of the natural history model, and its modification, are presented here. The confrontation between activists and Nestle is used as a case example. A critique of the research completes the section.

REVIEW OF THE LITERATURE

The controversy between activists and infant formula manufacturers was both a social movement and a social action. Consequently, relevant literature comes from sociology as well as community psychology. Sociologists define social movements as purposive collective action in order to bring about social change (Mills, 1959; Sampson, 1971; Wilson, 1973; Grayson & Grayson, 1980). Community psychologists have virtually the same definition for social action (Rappaport, 1977; Mann, 1978; Goldenberg, 1978). The two types of citizens' action are also similar in that each advocates equitable distribution of resources and services (Wilson, 1973; Gusfield, 1975; Rappaport, 1977; Goldenberg, 1978; Grayson & Grayson, 1980).

Researchers in both fields have suggested many explanations for the development of social movements and social action. Over the years, terminology and details have varied, but the notion of progression through stages has remained constant.

Natural History Conceptualization of Social Problems

Early sociologists postulated a natural history of social problems: "Social problems thus conceived are always in a state of becoming" (Fuller & Meyers, 1941a, p. 322). These authors were

later joined by others who suggested various developmental stages through which social problems pass. For example Bossard (1941), Blumer (1971), and Spector and Kitsuse (1974, 1977) each outline a different sequence. The crucial issue that underlying all the formulations is that the natural history of a social problem exists in its temporal development through distinguishable phases.

The formulation presented by Spector and Kitsuse (1977) is the most succinct. It accounts for milestones outlined by previous authors, then clarifies them. Their scheme involves four stages.

Stage 1: Claims-Making Activities. Individuals or groups identify some condition as one in need of change. These individuals are not necessarily the victims of the situation; however, they are instrumental in bringing the issue before the public.

Several crucial decisions must be made in this stage. The tactics used to bring the complaint to public attention must be considered. Groups must also decide how to use their power, real or implied, to advance their objectives. Finally, the question of how to articulate the issues must be answered. Groups must decide whether to address their claim in generalized or specific terms.

A group's social, political, or economic influence is integral to the success of its claims-making activities. Power, or the lack thereof, affects the legitimacy with which claims are

viewed. This is true of the people against whom claims are made and of the larger society. The perception of threat is a key element. Influential groups may be viewed as truly capable of bringing pressure to bear if their claims are not attended to. Demands made by groups considered less powerful may not be taken seriously, if acknowledged at all.

Stage 2: Establishment Response. At this point the reaction from persons to whom claims have been made becomes important. Formal response to a group's claims can range from passive acknowledgement to active attempts to take over the issue. Whatever its form, the response is an important milestone in the development of a social action. Further legitimacy and acceptance for the imputed condition is provided.

But groups do not automatically benefit once recognition occurs. There can be concomitant hazards to their claims being heard. Even if no attempt is made to usurp the issue, official recognition implies that "something is being done." That assertion alone has historically signalled the end of many social action endeavors.

Another possible consequence is that the protestors could be placed in the role of "expert." Officials may look to the activists for information about the imputed condition. Such collaboration could mark the beginning of useful dialogue to create change. It could also be the first step toward co-optation as the more active proponents become increasingly enmeshed in the

system. In this way the social action would be neutralized early in its development.

Stage 2 was completed when the official response to claims becomes institutionalized. That is, a mechanism is put into place to systematically handle complaints.

Stage 3: Claims-Makers' Response. Grievances in Stage 3 were levied against procedures established in the previous stage. The official response to eliminate or ameliorate the original claims is deemed unsatisfactory. Members feel that the agency shows little sympathy for the claims as originally presented. Distrust and lack of confidence in the process characterize this phase in the natural history of social unrest.

Stage 4: Developing Alternatives. In this final stage activities turn toward the creation of alternatives. Procedures established to ameliorate the condition under protest are not acceptable. Individuals involved in the controversy therefore seek other means by which to accomplish their objectives. Solutions are put in place which operate outside the current system.

Alternatives that are developed are either interest oriented or value oriented. An interest oriented alternative seeks to establish institutions for the members of the group only. Its relationship to the rest of the social system is static: asking only to be allowed to pursue its own solution without harassment.

A successful interest oriented group exists predominantly because of the benevolence of the larger society.

Value-oriented solutions develop a new socio-political basis for radically changing the existing system. The objective is to establish institutions that impact on group members as well as the larger society. A successful value-oriented group would establish its program as the new institutional form.

Stage 4 is the final stage of the Spector and Kitsuse model. According to the authors co-optation is the most frequent outcome. Successful alternative solutions produce the new breed of experts as well as the new status quo.

A central premise of the natural history formulation is that a science of social change must not itself impute value judgements. Values and motivations are recognized as integral components to social change activities. However, participants must define the conditions and events which propell a social intervention through the developmental stages. The emphasis lies on defining the evolution of social change through the words of people involved.

Flexibility is another important characteristic of the model. Progress through the stages is not automatic. Certain contingencies must be met before movement into the next stage can occur. Information gathered during one stage forms the basis for decisions in the following one. If goals have not been attained or information is incomplete, progress may be stalled. It is also

possible that a movement could regress to an earlier stage of development.

Career of Social Movements and Social Action

For a period of several decades the predominance of the natural history conceptualization waned. In its place came the idea that social unrest had a career. Movements were born and flourished for some amount of time. Then the collective action either died or was assimilated. Using this ~~framework~~ sociologists and community psychologists documented the development of social movements and social action.

Regarding social movements, theorists agree that six cumulative stages lead to collective action. The first stage is that organized subsystems must already be in place within the society itself. Second, the society or its subsystems must undergo some form of structural strain. The third stage emphasizes the growth and spread of beliefs that change in the present conditions is possible. Precipitating factors and the mobilization of the populace are the fourth and fifth steps in the process. Social control reaction against the newly formed movement by the larger society completes the progression to collective action (Hoffer, 1966; Lenin, 1970; Sampson, 1971; Wilson, 1973; Himelfarb & Richardson, 1979).

Six factors, three internal and three external, either facilitate or impede the growth of a social movement. The

internal factors are: 1) lack of organizational structure, 2) disillusionment and ideological schism within the movement, and 3) ineffective leadership. External factors which influence a movement's history are: 1) relations with the larger society, 2) formation of sympathy and counter movements, and 3) the movement's institutionalization into the society (Etzioni, 1961; Mauss, 1975; Grayson & Grayson, 1980).

Literature on social action describes a similar process. The first step toward citizens' action is frustration over unequal access to human and material resources (Coser, 1967; Goldenberg, 1978). Recognition and acceptance of the difference between personal problems and public issues grows. As a result, the "victim" role is abdicated (Alinsky, 1946; Mills, 1959; Ryan, 1971; Alinsky, 1972; Goldenberg, 1978). Empowerment, the notion of one's own ability to bring about change, energizes the move from consciousness raising to social action (Roszak, 1969; Friere, 1970; Sarason, 1972; Rappaport, 1977). Some form of social control reaction completes the cycle (Seale, 1970; Mann, 1978; Alpert, 1973).

A combination of internal and/or external factors either help a social action to grow or bring it to an end. Internally, citizens' action can be affected by poor organizational structure (Alinsky, 1946; Etzioni, 1961; Sarason, 1972; Schindler-Rainman & Lippitt, 1980), disaffection and ideological rifts (Seale, 1970; Alinsky, 1972; Sarason, 1972), or weak leadership

(Etzioni, 1961; Levine & Levine, 1970; Sarason, 1972). External influences can include the group's relationship with the larger society (Roszak, 1969; Seale, 1970; Schumacher, 1973), involvement of sympathizers and counter action groups (Hoffman, 1978; Alinsky, 1972), or absorption into the major system (Hall, 1969; Roszak, 1969; Mann, 1978).

Studies Relevant to the Infant Formula Controversy

The action against infant formula manufacturers appears to be similar in many ways to other social unrest documented in the literatures. At the same time, however, it is unique in both realms. First, the citizens' ultimate objective was to produce second order change¹ (Watzlawick, Weakland, & Fisch, 1974). Activists wanted to alter the basic framework of social systems that define societal norms. Hence, economic, social, and political systems alike were targeted for intervention activities. Examples abound of collective action to create change limited to a specific social system (e.g., Chu & Trotter, 1974; Echterling & Wyth, 1981), or to individuals (e.g., Lofland, 1966; Hoffer, 1966). Similarly, many studies examine the birth and growth of social movements to create religious reform, social reorganization, economic redistribution, and political restructuring (Lofland, 1966; Seale, 1970; Lenin, 1970; Conant, 1971). Yet studies of a movement to generate change across all social systems have not been conducted to date.

A second novel aspect of this intervention is that despite being a moral movement (advocating for ethics in marketing), its membership increased dramatically over the years. What began in 1975 as local efforts by a handful of agitators, had grown to include supporters from all over the world by 1984. The literature is full of reports on collectives bent on moral reform. However, their influences remained on local (Hoffer, 1966; Grayson & Grayson, 1980), regional (Sampson, 1971; Conant, 1971), or national (Gusfield, 1966; Wilson, 1973) levels. Few studies investigate the evolutionary process of an international moral movement.

Uses of Evaluation Technology

The community psychology literature contains many examples of evaluation technology. Virtually nonexistent, however, are studies which examine social action which took on characteristics of a social movement. Rather, there are assessments of interventions to create change within the boundaries of a specific community or region. Examples would be a government-sponsored job training program (Braithwaite et al., 1982), a network of community mental health centers funded by the National Institute of Mental Health (Chu & Trotter, 1974), or development projects for both individuals and the community itself (Hutcheson, 1969). There are also studies that measure the impact of social interventions (Debecq & VanderVen, 1971;

Weiss, 1972; Insel & Moos, 1974; Patton, 1978; Campbell, 1979; Weisbrod, Test & Stein, 1980; Smithson, 1981).

Despite the lack of precedents, evaluation methodology remained the most appropriate research tool. The research objective was to allow those involved in the social action to define the phenomenon. The Judiciary Evaluation Model (JEM) is an adversarial model of evaluation. Its primary emphasis is on presenting objective conditions without imputing values or interests (Levine, 1974; Levine et al., 1978). In this way investigator bias is discouraged. Having decided to use the methodology, a search was conducted for studies comparable to that of the infant formula controversy.

The JEM has been applied in a number of situations. Levine et al. (1978) used the model in relation to a doctoral program. A government-sponsored job training program was the subject of an evaluation conducted by Braithwaite et al. (1982). The project most relevant to this discussion was one done by Chu and Trotter (1974). They evaluated community mental health centers funded by the National Institute of Mental Health. Their study pitted the vested interests of a governmental conglomerate against those of the citizens it purported to serve.

The present study was similar to that of Chu and Trotter. On the one hand, citizens who coalesced into action groups had a common belief. They sought to end what they considered to be corporate irresponsibility in the Third World. On the other

hand, representatives from industry had their own agenda. As businesspeople, survival in an economic milieu was their primary objective. Use of the adversarial model highlighted the strengths and weaknesses of arguments from both sides of the issue.

Systems analysis is well-suited to the investigation by virtue of its emphasis on the interdependence of components in a system. Consideration of one element to the exclusion of others results in distorted conclusions on how change occurred. Industry representatives and citizen activists formed a complex system. Activities representing the two viewpoints must be examined in light of their interrelationship. Once again the emphasis of the literature search was for studies similar to the one proposed.

Systems analysis has been used on projects dealing with both individual and community development. Hutcheson (1969) used the method to simulate outcomes related to economic community development. Raeburn (1979) explored factors likely to impede or enhance development of individual rehabilitation programs for adult psychiatric patients. Sarason (1978) analyzed the educational system and proposed entry points to create change. Even traditional psychotherapy has been evaluated using this technique of inquiry (Murrell, 1971). However, no other examples were found of systems analysis applied in the manner proposed in this study.

PROPOSED MODIFICATION OF THE NATURAL HISTORY MODEL

Fitting the Model

The close kinship between sociology and community psychology leads one to consider how models explaining social problems could be applied to define social action. Some philosophical problems would be encountered. For instance, tenets of a community psychology paradigm resist the notion that "it seems inescapable that a social problem-movement will ultimately experience fragmentation and demise" (Mauss, 1975, p. 66). This sentiment is implicitly and explicitly stated throughout the literature on social problems. It would seem that social problems emerge and achieve some level of development; inevitably, however, they will disappear. Mauss goes even further and states that the conditions which created the movement are often left "unchanged if not worse" (1975, p. 71).

Spector and Kitsuse (1974, 1977) come closest to aligning with community psychology's belief in the viability of social change. Stage 4 of their model calls for the creation of "alternative, parallel, or counter-institutional responses to established procedures" (1977, p. 142).

Development of alternatives is indeed the goal of social intervention. However, the sociological model has a major weakness. It implies that social change has a linear development. The movement progresses from Stage 1 to Stage 4. Then it either dies or is co-opted as the new institutional status quo.

At this point, what can be said about the original social action? Does it no longer exist? Is institutionalization synonymous with neutralization? And what of any resurgence in change activities? Should it be considered a new movement or a continuation of the old?

Successful value-oriented alternatives create systemic change, but the process of social action should not end here. Creating such settings is not sufficient to address social problems-social action in the long term. Community psychologists have long written about the need to "reframe the question" (Watzlawick, Weakland, & Fisch, 1974; Sarason, 1978) and "challenge the antimonies" (Rappaport, 1981). That is, it is necessary to ensure that the alternatives created truly reconstruct prevailing social conditions.

Periodic reality checks must be performed to accomplish this. A group must consciously monitor its passage through the developmental stages. Contrary to many sociological models, including that of Spector and Kitsuse, there should be no final stage. The movement should not be co-opted (Spector & Kitsuse,

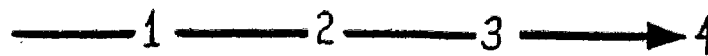
1977), fragmented (Mauss, 1975), or disappear (Merton & Nesbit, 1961). There should be no time of quiescence or overlap with some completely new movement (Mauss, 1975). Rather, a definitional shift should occur. This stage does not signal the demise of a social change activity, but its evolution (See Figure 1).

With fine-tuning, the Spector and Kitsuse conceptualization could be used to identify material for the theory of social action. Value-oriented alternatives suggested by the authors are very much in line with the goals of community psychology. But the fact that the model stops at Stage 4 belies the dynamic nature of true social intervention.

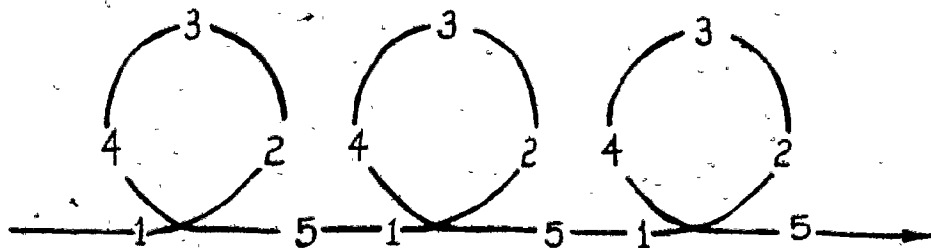
Authors such as Sarason (1978) and Grinnell (1970) warn of the expose-reform cycle. Social injustices are identified and changes are instituted to ameliorate the conditions. But insufficient attention is given to implementation and monitoring. Over time, new alternatives become the new institutional norm. Eventually the same kinds of injustices that had previously been protested are "discovered" anew. Then, the cycle begins again.

Therein lies the weakness of the Spector and Kitsuse model. It does not stress the need for cyclical decision-making. Systems change begun when alternatives are institutionalized must be nurtured further. Activists must re-evaluate to determine if structural change has actually taken place.

Figure 1
The Natural History of
Social Problems-Social Action



(Spector & Kitsuse, 1977)



(Bryant, 1985)

- Stage 1: Claims-Making Activities
- Stage 2: Establishment Response
- Stage 3: Claims-Makers' Response
- Stage 4: Developing Alternatives
- Stage 5: Definitional Shift

What is being proposed here is that another stage must be added, Stage 5. This stage would be a time reassessment. Activists would consider human needs, as individuals and as a group. The extent of available resources (goods, services, and persons) would be ascertained. Groups would review the typical responses they have received to their claims. Finally, members would decide if their mission statement still reflected the goals being sought. In other words, the group must consider internal and external conditions.

Entry into this stage begins when alternatives generated in the preceding stages achieve some degree of success. Progress through it is marked by a process of evaluation. Questions are asked such as: What were our objectives? How close have we come to attaining them? What can we do to make a better match? Do we have the resources? In other words, groups must consider internal and external conditions. The answers will be crucial to planning for future action.

A social intervention leaves Stage 5 when implementation of new action strategies begins. The social change activity moves into Stage 1 and begins the natural history cycle again. The character and focus of the intervention would change as a function of decisions made during the definitional shift. However, a new social intervention will not have been created. Rather, the original action will have evolved in response to internal and external conditions.

Theoretical State of the Art

Neither the community psychology nor the sociology literature contains research with which to confirm or refute the framework presented here. Well-formulated models of the developmental process of a social action do not exist.

The two literatures fairly bulge with studies about observable conditions which constitute social action and social problems. Some examples are studies of the criminal justice system and diversion projects (Rappaport, 1977), religious cults (Lofland, 1966), community mental health centers (Chu & Trotter, 1974), drugs and alcohol abuse (Merton & Nisbet, 1961), mutual help groups (Reischl et al., 1984), or feminist movements (Mauß, 1975).

Likewise, both literatures contain works about the actors or personalities who have participated in social reform. Oates (1982) presents the life of Dr. Martin Luther King, Jr. "Mother Jones" is the topic of a book by Parton (1980). Much has also been written about members of the United Farm Workers and the Black Panther party (e.g., Hoffman, 1978; Seale, 1970). Seymour Sarason (1972) provided an extensive analysis of individuals seeking to create new settings.

The two literatures suffer, however, from a lack of research about the ways social problems (and social action) are defined as such. Spector and Kitsuse cogently state:

...we have argued for the importance of a theoretically defensible, methodologically specifiable, and empirically researchable definition of social problems...[the goal is] to construct a definition amenable to empirical elaboration on which the process of definition and not the 'objective conditions' is the central concern... (Spector & Kitsuse, pp. 7, 27).

Such research is extremely difficult to come by. There are articles in both fields that attempt to identify the subject matter of social problems-social action (e.g., crime, mental illness, substance abuse, domestic violence). However, the theories or examples presented do not define the phenomenon of social action. There are also studies that claim to challenge existing schools of thought regarding social change. However, they ultimately do not do so (Merton & Nisbet, 1961; Reissman, 1972; Mauss, 1975). Authors who successfully question the status quo use abstractions with limited utility as tools for empirical research (Merton & Nisbet, 1961; Alpert, 1973; Goldenberg, 1978). And there is a plethora of "how to" manuals on the mechanics and tactics for social action (Alinsky, 1946, 1972; Keating, 1975; Culbert, 1976; Schindler-Rainman & Lippitt, 1980).

The contributions these authors make to their respective fields are laudable. It is not my intent to minimize the importance of such works. The point being made here is that neither literature contains well-formulated theories of the developmental process of social action.

For decades commentaries have emphasized that social problems are defined by the individuals involved in or affected by them (Mills, 1940; Fuller & Meyers, 1941a; Merton & Nisbet, 1961; Blumer, 1971; Spector & Kitsuse, 1977). The impact of motives, values, and vested interests on the process of collective definition is a critical consideration. Furthermore, the influence of these subjective components changes as a function of the actor and the time in the career of the social problem (Mills, 1940; Fuller & Meyers, 1941b; Horowitz & Liebowitz, 1968; Ross & Staines, 1971).

The Spector and Kitsuse model is most appropriate to my purposes because they emphasize the definitional process. Claims-making activities are the pivotal element in their conceptual framework:

...the activities of individuals or groups making assertions of grievances and claims with respect to some putative conditions...The central problem for a theory of social problems is to account for the emergence, nature, and maintenance of claims-making and responding activities"
(1977, pp. 75-76)

Methodological Problems

Lemert (1951), a sociologist, questioned the methodological underpinnings of the natural history formulation. He was unable to replicate the pioneering study conducted by Fuller and Meyers (1941a). Consequently, Lemert believed he had not "[verified] the

existence and progressive emergence of distinctive stages. (1951, p. 217). The conceptualization presented in 1941 did not adequately account for the "interplay of public opinion in... conflicts in modern urban society" (1951, p. 223).

Spector and Kitsuse (1977) acknowledged design flaws contained in the original study. They also stressed, however, that the model could be supported in ways already reviewed here. What is lacking is empirical corroboration for the theory.

Unlike many of its predecessors, the infant formula controversy is a hybrid: it is both a social action and a social movement. The action against formula manufacturers retained its original philosophy advocating significant social change. Small groups of key actors continued to energize the social change network. At the same time, the intervention took on characteristics of what has traditionally been called a social movement. The number of supporters grew. Change activities began with citizen groups agitating at local levels. During the next 10 years an international network evolved. Alternatives developed by the activists became institutionalized parts of the social system.

Clearly, this intervention is intrinsically important to study. It may conceivably be the harbinger of a new direction for social action. The present study documents the movement's

21

development. The historical narrative focusses on the creation of settings devoted to social change; survival issues faced by groups established by industry or by the citizens; and indicators of change in the characteristics regarding targeted audiences, topic, action tactics, and geographic emphasis.

Theory generation is another important reason to examine the controversy. Neither the community psychology nor the sociology literatures contain a comprehensive model for social intervention. The study presented in the following pages addresses that need for a theory.

METHODOLOGY

Evaluation Methodology

Social intervention is accomplished through a complex series of actions and reactions by those involved. In order to effectively study the phenomenon, methodology is required which can account for the many variables. For this reason, the Judiciary Evaluation Model (JEM) and systems analysis were selected as organizing vehicles.

The JEM is a four-stage adversarial model of evaluation. During the first stage the major issues of the study are outlined. Stage two focusses the investigation. Categories are generated into which the data from the research will be organized. The third stage is when the investigation is conducted. Information relevant to the research question is gathered and sorted into the organizing categories created in the second stage. Finally, stage four is a clarification forum. Findings from the study are analyzed and presented, along with an integrative statement concerning them.

Systems analysis was used to understand the forces and counterforces inherent to social intervention. Use of this evaluation methodology was appropriate in the third stage of the JEM. Events that occurred during the evolution of the movement

were examined in terms of their interdependence. Data was collected which illustrated the causes and effects of the infant formula controversy.

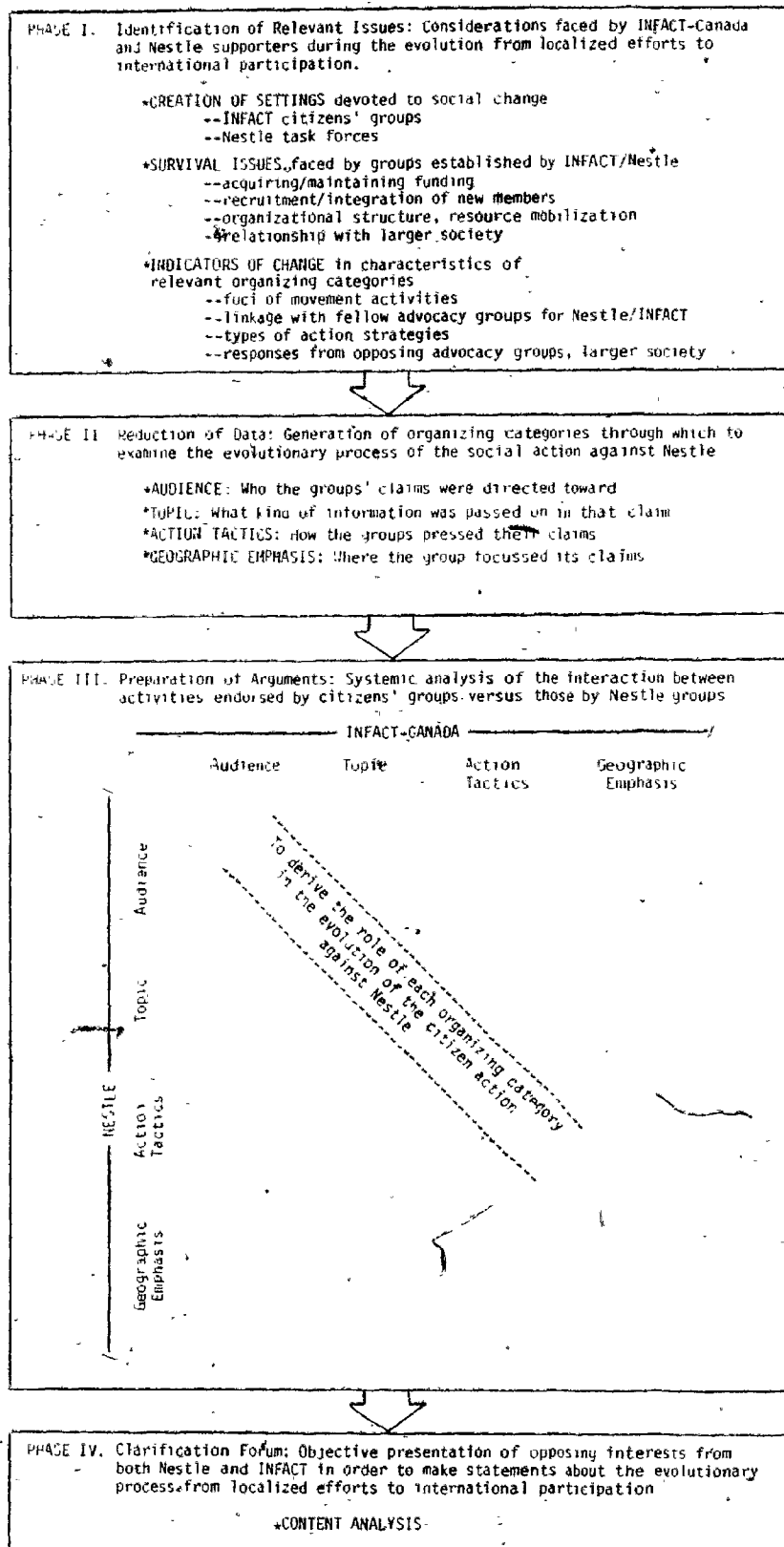
The Judiciary Evaluation Model

The Judiciary Evaluation Model (JEM) was chosen as the framework for this assessment. The JEM is an evaluation model which seeks to objectively present the opposing interests of an issues under study (Levine, 1974; Braithwaite et al., 1982). Unlike many approaches to evaluation, it is designed predominantly for the presentation of information. The primary emphasis is to organize relevant facts. Using those facts to make judgements about the observed outcomes is a secondary consideration.

The model is composed of four phases (See Figure 2). The initial phase is used to generate the major concerns of the investigation.

The research question is to develop a model with which to explain social action. Given that the premise is for the existence of a natural history of social action, the relevant issues are considerations groups faced during the movement's evolution. The identified factors were the creation of settings devoted to social change; survival issues faced by groups established by INFAC or Nestle; and indicators of change in foci of activities, patterns of linkage with other groups, types of

Figure 2. Research Design: Judiciary
Evaluation Model (J.E.M.)



action tactics, and responses from opposing advocacy groups or the larger society.

The second phase provides focus by organizing information gathered in the preceeding stages. The scope of the investigation is narrowed through the generation of organizing categories.

In order to accomplish the aims of the second phase, this author conducted a pilot study using groups in Ontario (Bryant, 1984). The purpose of the study was to generate organizing categories with which to conduct the full-scale analysis. Two attitude scales, the Goal Attainment Scale (GAS)² and the Goal Setting Scale (GSS), were developed from documents supplied by members in the movement.

Recipients of the questionnaires were selected on the basis of their knowledge about and participation in movement activities. Key informants within the national network identified leaders in Ontario whose input would be useful. Nineteen sets of questionnaires were sent to groups in eight Ontario towns.

The GAS was composed of 11 questions, each of which was divided into two parts. The first section was a 5-point Likert scale. Respondents reported their perceptions of success in accomplishing the goal under discussion. The second part of each question was open-ended. Respondents provided examples to support the Likert ratings. Information from the open-ended format was

used to determine if action groups reported disparate perceptions of success for the same goals.

Those who received the GAS provided information for two points in time. The first period, 1979, was the year the movement's organizational structure began to take shape. The second temporal point was the year 1984. Respondents' answers for the two periods illustrated how perceptions of goal attainment changed over time.

The GSS was constructed using recommendations generated at a movement strategy conference. The instrument measured the priority given each recommendation in the groups' planning for future activities. Each of the 19 items on the questionnaire was composed of a 5-point Likert scale and an open-ended question. For each item, respondents provided examples to illustrate the rankings that were assigned.

Responses to open-ended questions of the GAS and GSS scales were content analyzed into five major issue areas. Each category was broken down further into its composite subcategories.

Audience: If any part of the answer referred to the persons toward whom a group pressed their claims, the occurrence was tallied under Audience. (Subheadings: Individuals, Groups, Organizations, General Public)

Topic: Responses which mentioned the content of those claims was labelled Topic. (Subheadings: Consciousness-Raising, Economic-Political, Moral Issues)

Action Tactics: Whenever the rationale or tactic a group chose in order to make its claims was indicated, the code used was Action Tactics. (Subheadings: Written Documents, Public Speaking, Pressure Tactics, Monitoring, Site Visits, Research and Development, Media, Legal Action, Boycott)

Geographic Emphasis: If the response talked about the geographic area which was the focus of the group's claims-making, the content was labelled Geographic Emphasis. (Subheadings: National, International)

A 45% return rate was accomplished for both attitude scales. Frequency counts for the major issue areas were used to construct a provincial profile. The general findings were that the most frequently targeted audience was special interest groups (60%); that topics most often dealt with observable behavior as well as stated and unstated cultural expectations (35%); that the types of action tactics employed were equally divided between written (e.g., letter writing campaigns) and oral (e.g., public speaking engagements) tactics (40%); and in all cases Canada was reported to be the dominant area of geographic emphasis (100%).

Analysis of the Likert-values was done using the SPSS CONDESCRIPTIVES³ package. Frequency counts were produced for reported perceptions of success and priority rankings of strategy recommendations. Forty-percent of the groups reported moderate success. In terms of future planning, respondents placed great emphasis on strategy (60%) but there was little consensus regarding prospective audience (10%).

During the third phase relevant data are collected for each of the opposing viewpoints. Arguments are prepared which present facts pertinent to each side of the issue. In order to apply the JEM to the infant formula controversy, systems analysis was performed of the interaction between activists and representatives from infant formula manufacturers.

Systems analysis functions to explain a phenomenon in terms of how its components interact with one another. It explores changes which occur within the system given the fact that all its components are interdependent. Evaluation using this technique has several integrated goals.

The first objective is to identify the mission statement of the targeted system. Analysis begins here because in order to describe a system's boundaries, its *raison d'être* must first be determined. This description includes the parameters of the target system, its subsystems, and the larger society surrounding them both. Information crossing these demarcation lines are the factors which cause the system to change. The ultimate aim is to construct a model of the system from the standpoint that it is a social unit capable of working toward some goal. The resultant conceptualization accounts for economic, political, and social factors which deter or facilitate the system's functioning. Thus the systems approach appropriately reflects the complexities which exist in the community milieu.

Social action, like the other projects in the literature, is affected by the action of forces and counterforces. By definition, these conditions either facilitate or hamper progress toward some goal. Systems analysis of the infant formula controversy identified important actors, pivotal events, and significant changes throughout the history of the movement.

Through this analysis contingencies which led to and have sustained the social intervention came to light.

The clarification forum is the final phase. An integrative statement is made presenting the results of the research. Information gathered for the opposing interests is objectively presented. At this point it was possible to comment about the ways members defined the social action under study. The infant formula controversy was used as a case example to which the proposed natural history model was fitted.

Data Collection

Archival Data Search

Archival data were used to reconstruct the chronological development of the controversy. The investigation began with antecedent events which sparked the confrontation. Survival issues which either facilitated or threatened a group's ability to achieve its goals were also considered. Finally, the study identified milestones in the evolution of the movement.

The archival search included internal as well as public documents prepared by participants from both sides of the issue. Other written sources were publications from the government, medical and/or professional fields, countercultural resources, and business. Data from these additional sources were used to determine the response from the larger society. Information was sought regarding views representing the established social order

as well as factions advocating alternatives to existing standards. Additional resources such as audio-visual productions (e.g., films, pictorial reviews) were also utilized whenever possible. Archival search sources and guidelines are given in Appendix B.

Key Informant Interviews

Key informants were selected for their ability to validate or elaborate on information from archival sources. Informants were also selected who fulfilled at least one of three criteria: 1) participation in coordinating efforts among groups at the regional, provincial, or national levels; 2) work with coalitions or organizations from other countries whose activities impacted on the movement as it evolved in Canada; 3) involvement with a group or organization which did not officially endorse the movement but did offer significant support. Sixteen interviews were sought with members of the activists' network and five from Nestle.

In terms of absolute numbers, the interviews are unevenly distributed. It appears that more attention was given to activists than to Nestle representatives. Selection of the key informants minimized the apparent bias.

Potential interviewees from Nestle were integral to the corporate response. Like their counterparts among the activists they were responsible for the creation of initiatives.

co-ordination of efforts, and provision of follow-up evaluation. Fewer individuals were targeted to be interviewed as a function of differences between the organizational structure of a citizen's movement versus that of an industrial corporation. The horizontal structure of the former implies that a greater number of people have significant roles. Nestle, on the other hand, is a vertical structure. Individuals at the upper end of the structure are the primary actors. Interviews with a few key people are qualitatively equitable with the larger number of informants from the activist network.

Initial contact with key informants was accomplished using a letter of introduction which explained the research and the rationale for contacting that individual. The interview format was structured and consisted of open-ended, checklist, and Likert-scale questions. Interviews were conducted either in person or by telephone. A sample letter of introduction, the preamble statement, and the structured interview questions are in Appendix C.

Data Analysis

Content Analysis

Data obtained from the archival search and anecdotal input from key informants were content analyzed (See Content Analysis Guide, Appendix D). The information was categorized according to the major issue areas from the pilot study (Audience, Topic,

Action Tactics, and Geographic Emphasis). Further analysis included content regarding the creation of settings devoted to social change, survival issues, and apparent indicators of change.

Survival Issues: What kinds of survival issues have you faced as a group in terms of funding?

Typical Response: What response to your activities did you typically receive from opposing advocacy groups or the larger society?

Priorities: How would you characterize the priority given the national context in your group's planning for new tactics? How would you characterize the priority given the international context?

Success: How successful do you feel your activities have been in terms of attaining the goals you set in the national context? In the international context?

Frequency counts were taken of an issue's occurrence or nonoccurrence. Open-ended responses were analyzed in search of emergent themes. The movement's career was divided into roughly three periods: 1978-1980, 1981-1982, 1983-1984. Likert-type measures of planning priorities and success were plotted for each period.

RESULTS

Content Analysis

Structured Interviews

Sixteen prospective informants within the boycott movement were contacted. One individual refused to participate. Of them, three acted in a liaison capacity between the different levels of the intervention (local, national, international). Additional interviews were done with these informants to allow input, pertinent to each role. Consequently, a total of 18 interviews were conducted with 15 citizen activists from groups in five provinces.

Five representatives from Nestle were contacted. One prospective contact referred the request for participation to another spokesperson. However, the second individual was travelling abroad and was not scheduled to return in time to participate. Therefore a total of four interviews were ultimately completed.

The structured interviews contained questions whose formats were either open-ended, checklist, or Likert-scale. Responses to the open-ended portions were content analyzed to identify recurrent themes regarding the creation of settings and survival issues. For each question, responses from activists are recorded

first, followed by those from Nestle representatives (See Tables 1-4; Appendix D, Tables 1-2).

Creation of Settings. Interviewees were asked of their experiences in terms of beginning a group supporting either the INFAC or the Nestle viewpoint.

a. Entry into the controversy. Members of the citizen network most often became involved through others who were already active. A number of the interviewees reported that they sought out action groups after having heard of the issue from friends, colleagues, or other members of the movement. Friends or relations of these individuals had sent news clippings or letters about the issues. Information about the controversy was forwarded because it related to issues in breastfeeding, health and nutrition, community organizing, or economic exploitation of the Third World. The informants reported:

"So-and-So knew I'd be interested in that kind of thing, that's why they told me about it."

The next most frequent response was that prospective activists had been recruited as a function of their organizational ties. These organizations were diverse in terms of membership and stated goals: People involved came from almost every occupation. They were laborers, students, academics, professionals, clergy, and homemakers. Members also represented virtually every age from early adolescence to senior citizen. Finally, men and women were

TABLE 1
CONTENT ANALYSIS
Structured Interview: INFAC
Creation of a Setting

1) What were your experiences in terms of beginning an INFAC group?

a. Previous history with the infant foods controversy?

- | | |
|---|--|
| 4 Personal experience in a developing country | 1 Recruited as a function of skills, expertise |
| Heard of issue from... | Recruited as a function of affiliation with... |
| 2 •Friend/Relative | 3 •boycotting/endorsing organization |
| 1 •colleague | 1 •related profession (e.g., pediatrician) |
| 2 •movement member | 1 •development education organizations |
| 1 •general press | 2 •religious committees on social issues and justice |

b. Composition of the core group?

- | | |
|---|--|
| 1 Professionals (e.g., law health care, academics) | 4 Individuals without organizational affiliation |
| Individuals affiliated with... | |
| 10 •established organizations or associations (e.g., churches, professional associations) | |
| 3 •organizations in a boycotting stance | |

c. Definition of mission statement?

- 9 To end aggressive marketing in Third World
- 4 To endorse the boycott, to advocate the WHO Code
- 2 To negotiate with Nestle regarding boycott demands
- 1 To advocate for rights to adequate nutrition, health
- 1 To promote/protect breastfeeding
- 1 To influence policy-making in governments/institutions

Table 2
CONTENT ANALYSIS
Structured Interview: Nestle
Creation of a Setting

1) What were your experiences in terms of beginning a Nestle group?

a. Previous history with the infant foods controversy?

Recruited...

- 1 • through organizational affiliation
- 2 • from outside the organization as a function of skills, expertise

1 Related profession
(e.g., nutritionist,
pediatrician)

b. Composition of the core group?

- 1 Health and nutrition professionals
- 1 Cross-section of groups concerned with infant formula controversy (medicals, church leaders, civic leaders, industry representatives)
- 1 Concerned employees
- 1 Legal professionals

c. Definition of mission statement?

- 1 To create a nutrition research center
- 1 To end the boycott in Canada
- 1 To monitor Nestle compliance with publicly stated commitments
- 1 To provide legal counsel to the monitoring commission

TABLE 3
CONTENT ANALYSIS
Structured Interview: INFANT
Survival Issues

2) During the course of the campaign what kinds of issues have you faced as a citizens' group in terms of...

a. Economic considerations?

Money not an issue: Utilized...		Donations from...	
1	•volunteer resources	10	•religious organizations
1	•personal contacts	1	•secular organizations
5	Fundraising (e.g., membership fees, community theater)		

b. Maintaining ideological consistency?

No problem: Group well-designed regarding...		No problem: Clearcut issue of...	
2	•clearly defined mission statement	6	•corporate irresponsibility
2	•orientation process built-in	2	•threat to motherhood (e.g., babies dying, breastfeeding)
No problem: Compatibility regarding...		4	No serious problems
1	•types of affiliate organizations		
1	•experience and styles of operation		

c. Decision-making hierarchy? Channels of acquisition?

16	Group process leading to consensus	2	Consultative, democratic
13	Utilized personal contacts, established network	5	In-kind exchanges with other chapters, endorsing organizations

TABLE 4
CONTENT ANALYSIS
Structured Interview: Nestle
Survival Issues

2) During the course of the campaign what kinds of issues have you faced as a Nestle representative in terms of,

a. Economic considerations?

- | | |
|--|---|
| <p>2 Independent of organizational structure, money from Nestle in the form of fee-for service contract, block grant</p> | <p>2 Part of organizational structure, funded by Nestle</p> |
|--|---|

b. Maintaining ideological consistency?

- | | |
|--|---|
| <p>1 No problem: Homogeneity regarding profession (e.g., scientists, health)</p> | <p>1 No problem: Clearcut issue of misrepresentation and misunderstanding</p> |
| <p>1 No problem: Well-defined mission statement</p> | |

d. Decision-making hierarchy? Channel of acquisition?

- | | |
|---|--|
| <p>1 Consultation for purpose of providing professional expertise</p> | <p>1 Vertical administrative hierarchy</p> |
| <p>1 Group process leading to consensus</p> | |
| <p>2 Part of organizational structure, acquisition through channels</p> | <p>2 Personal contacts and established network</p> |

equally represented in all the organizations, although some (e.g., the YWCA) had gender-specific membership.

Some organizations with which the activists were affiliated were composed of professionals from related fields. Many were associations concerned with health and nutrition. Other organizations represented in the movement focussed on issues of social justice and responsibility. Development education, teaching about cultural differences between developed and developing countries, was another goal held by organizations represented in the movement. There were also boycotters who were affiliated with organizations that were current endorsers of the boycott.

"Our task force is very concerned about women's issues. The infant formula controversy is about women's issues in an international context."

"Our unit on Social Justice and Responsibility is involved in issues of exploitation, whatever they may be. The inappropriate transfer of western technology and aggressive marketing that go on in the Third World are examples of those kinds of issues."

"The Third World is over there for too many people here in Canada. Our group is concerned about the need for make people aware of the ways, decisions made in industrialized countries really effect the developing ones."

Finally, several individuals stated that they had become involved as a result of personal experience in the Third World.

Having lived for an extended period of time (1-3 years) in a developing country, they stated:

"I worked as a pediatrician for two years. We used to treat babies brought in with problems due to bottlefeeding."

"I lived and worked with these people. I saw the conditions that infant formula was sold under. The social, political, and economic expectation is all around that: 'If it came from a wealthier country, it must be right.' You have to be there so see how powerful that attitude can be."

Representatives from Nestle reported having been recruited as a function of their particular expertise. These individuals had acumen in communications, law, health and nutrition, or community advocacy.

"The company decided that a specialist in my field was needed, so they approached me."

"Nestle saw that there were a number of concerns regarding infant health and nutrition. The company has always stressed the need for solid scientific research and information. That's where the Center comes in."

Interviewees reported with equal frequency having become involved from within the organization and having been approached as an outsider.

"I'd been with the company a number of years and had often dealt with that kind of thing."

"I was asked to become involved because of who I am as an individual and as a professional. I was known to be 'unbuyable'."

b. Formation of core group. Activists predominantly reported that core groups consisted of persons affiliated with established organizations or associations. By affiliation, the informants stressed pre-existing connections providing access to person resources or goods and services.

"I'm the contact person, the bridge between INFAC and my organization. I come here and state the ways my organization is willing to help the effort. Then I go back and tell them what INFAC needs."

Individuals without organizational affiliation were also reported to be core group members. They were considered to be high energy community leaders and organizers.

"I really felt that something needed to be done. So I contacted the people I knew would be a good bet to get—involved in the issue. They were people that I figured would be willing to make a commitment to it."

The four Nestle informants represented different aspects of the corporate response. Therefore, composition of the core groups varied. In one case, the primary actors are health and nutrition professionals. Another group was reportedly made up of concerned Nestle employees. In a third example, the pivotal individuals represented a cross-section of all groups concerned with the

infant formula controversy. These members were medical professionals, church leaders, civic leaders, and industry representatives. The final group provided legal counsel and expertise to the Nestle auditing commission.

c. Definition of mission statement. About half the boycotters said their group's mission statement was to end aggressive marketing practices in developing countries. Informants were very specific about that definition.

"It was a simple and straightforward issue. The whole thing about babies dying, you know."

"It's just not right. Selling western technology under conditions like that. And promoting it the way they do. It's just not right."

The mission statements given by Nestle representatives were articulated differently across informants. These variations were a function of the group's role in the corporate response. One objective was to create a nutrition research center. Another was to end the boycott in Canada. The last sought to monitor Nestle compliance with its publicly stated commitments.

"Nestle has always wanted to proceed on the basis of solid facts and information. Our group does the research to provide that. Then we make sure it gets disseminated to people concerned about the issue."

"It's important to tell people the facts. That way they can decide on the basis of real information and not hearsay. We do the legwork to get those facts out there."

Survival Issues. Informants were asked what kinds of issues they had faced as a Nestle or an INFACT group in terms of,

a. Economic needs. Activists reported that money was not really a problem. Whatever funding was needed often came in the form of grants, donations, or in-kind exchanges from religious organizations. Secular organizations were mentioned as alternative sources of operating funds.

Boycotters frequently reported that they utilized members' organizational ties to handle resource needs. Supporting organizations consistently provided necessary resources.

"If we were doing a mailing or something, they would get us things like stamps and envelopes out of their budget."

"For \$a while there, we had a desk set up in their offices, complete with a phone. They even took messages for us if we couldn't get someone in to cover the phone."

While only a few informants said their group existed completely through volunteers, they all agreed that:

"We could never have done this without the folks who just did it because they were committed to the issue. They volunteered themselves in all kinds of ways, money, time, moral support."

"A lot of people simply gave us their time. They would come in weeknights after work or on Saturdays. Some people would take stuff"

home to do while they were watching the kids or whatever."

"Sometimes it was good to know that someone else was out there fighting for the same cause. eh. That was just as important as having money. Money always turned up somehow."

Funding for representatives of Nestle came from the company itself. However, the context in which it was provided differed. Two of the groups were considered part of the organizational structure and received monies through normal budgetary procedures. The third group was independent of the corporate structure. The money it received from Nestle was in the form of block grants or on a fee-for-service basis.

"We were established by Nestle and our operating expenses come out of the usual budgeting sources."

"We received yearly block grants from Nestle but that's where the connection ended. Our only obligation after that was to report our expenditures. We were very conscientious about that when we were negotiating the charter."

"We were retained by NIFAC as legal counsel. So they're our client and they pay us on a fee-for-service basis."

b. Maintaining ideological consistency. Among the citizen groups, maintaining ideological consistency was overwhelmingly considered not to be a problem. This was mostly reported to be due to clearcut nature of the issue (corporate irresponsibility). Interviewees also stated that members were largely compatible in

terms of experience in community organization and working styles. The group's operational design was also given as a reason for consistency. Members spoke most frequently about advantages to there being a clear mission statement as well as an orientation process for integration into the group.

"We were a one-issue coalition. There was no question in people's minds about what we stood for. If someone didn't agree, they didn't get involved."

"We didn't have problems. We were all experienced in meeting politicians and talking to policy-making bodies. We kind of knew the ropes, eh."

"There was an orientation procedure. New people coming in sometimes didn't know a lot about the issues. So we'd explain where we stood as a group on them. Then the person could decide if they wanted to stay or not."

All Nestle interviewees stated that ideological consistency was not an issue. This was believed to be due to several causes. One informant attributed the consistency to the group's well-defined mission statement. Homogeneity in terms of profession was also given as the unifying factor. Another contact stated that the controversy was a clear issue of misrepresentation and misunderstanding.

"We might disagree on broad issues, but it was a different story when it came to doing our job. Then everyone knew we were there to put the facts together. And that's what we did."

"Everyone is a medical professional. They know about infant feeding and infant formula."

Some have special knowledge about how those things relate to the Third World."

"Our company was being misrepresented. The issues were not that cut-and-dried, not like they were usually presented."

c. Decision-making hierarchy and channels of acquisition.

Decision-making among the activists was predominantly done by group process leading to consensus.

"Well, the steering committee or decision-making group would get together. Policy recommendations were made by consensus. Then the representatives from local groups would take these decisions back and the locals would reach consensus on them."

"Our organizational structure was amazingly crude. We'd usually rotate the position of co-ordinator. There weren't really any other offices as such. We all just pitched in. Basically the only constant was the treasurer. You gotta be sure bills get paid."

"We were more like a loose liaison than an organization. People took the responsibility for getting things done. Then they were accountable to all of us, really."

Needed resources were obtained most often through utilization of personal contacts or those of organizations with whom the members were affiliated.

"It was a ripple effect. Each of us connected with our network. We'd tell them what we needed. If they couldn't get it for us, they connected with their network. They told them what we needed. And if they didn't have it and on and on like that. We usually got all that we needed somehow. It was just a matter of contacts."

The organizational structure differed across the three Nestle groups. Consultation, vertical administrative structure, and group consensus were listed as the patterns for decision-making.

"Our organization provides professional services on a consultation basis. We do research and development, then we report on findings."

"We wanted to ensure the Commission's independence. We saw that as an important part of our responsibility to the public. So we made sure we could go public if Nestle had ever tried to repress our statements."

"We have a fairly typical administrative structure."

"We made decisions as a group. The chairperson would act as a facilitator but the final verdict was generated by the group."

Two of the four groups acquired resources almost exclusively through Nestle. The other groups relied chiefly on their personal contacts with other networks to get their needs met.

"We're a branch of the corporation. We're as connected to them as company branches usually are."

"We're an independent body. We have our own resources that we can draw on to do the things that need doing."

Indicators of Change. Responses to checklist questions in the structured interview were tallied for three time periods:

TABLE 5
SUMMARY TABLE
Indicators of Change

INFACI

NESTLE

(1978-80)

(1978-80)

Tactics Written Documents
Public Speaking

Media
Written Documents
Public Speaking
Research and Development

Audience Groups

Individuals
Groups
Organizations
General Public

Topic Consciousness
Raising

Consciousness
Raising

Opposing
Advocacy
Groups Rational Debate
Indifference

Rational Debate

Larger
Society Sympathy/Support
Rational Debate

Rational Debate
Sympathy/Support

(1981-82)

(1981-82)

Tactics Public Speaking
Pressure Tactics

Research and Development
Written Documents

Audiences Organizations
Groups

Groups
Organizations

Topic Consciousness
Raising

Consciousness-Raising

INFACT

Opposing
Advocacy
Groups

Larger
Society

Indifference
Rational Debate

Sympathy/Support

(1983-84)

Tactics

Public Speaking
Written Documents
Pressure Tactics

Audience

Groups
Organizations

Topic

Consciousness
Raising
Economic/Political

Opposing
Advocacy
Groups

Rational Debate

Larger
Society

Sympathy/Support

NESTLE

Hostile

Sympathy/Support
Rational Debate

(1983-84)

Written Documents
Research and Development

Groups
Organizations

Consciousness-Raising

Rational Debate

Sympathy/Support
Rational Debate

1978-80, 1981-82, and 1983-84. The checklist items reported change over time in movement foci regarding primary tactics, audiences, and topics. In addition, the questions tapped perceptions regarding the typical responses received from opposing advocacy groups or the larger society. Responses from activists and from Nestle are recorded separately (Table 5; Appendix D, Figures 1-8).

a. Time period: 1978-80. Activists reported that their principal tactics were the publication of written documents and participation in public speaking engagements. Written information included pamphlets, leaflets, and brochures that explained the issues of the bottle babies controversy. Informants stated that newsletters, position papers, and resource kits were also produced.

"We put together starter kits. They told people how to get an INF.ACT chapter going. Stuff like who to contact, how to time activities, how to write press releases."

"Our network produced an action pack. It goes into the history of the controversy. There's also stuff on effective monitoring. The pack has information on many different aspects of the bottle babies issue: encouraging promotion of breastfeeding, impact of transnationals on daily living, and reprints from medical journals."

Activists reported that speaking engagements were done before television and radio audiences, community special interest groups, churches, schools, and governmental bodies.

7

"We did lots and lots of talking in front of people. Whenever a group called for someone to come give a talk we tried to be sure that happened."

Nestle representatives reported that during the same period their choice of tactics was evenly distributed among four major activities. Groups used written documents, public speaking, research and development, and the general press.

"We were concerned that accurate information get out to the public. People had a right to have available as much information as they needed in order to make informed decisions about the issues."

Activists reported that special interest groups were the most frequently targeted audience. These groups were characterized by a loosely defined organizational structure. Its sphere of influence is primarily restricted to the local community. The group's activities and apparent sympathies are directed toward a particular population or topic area.

"We'd get to these groups through specific individuals, but we were mainly looking to build a resource network. We started with people we knew and worked out from there. Most of them were involved with community or church groups."

"We eventually got to the general public. But mostly we focussed on groups who'd provide both moral and tangible support."

Nestle representatives reported that equal importance was placed on a spectrum of audiences. The company's efforts were directed toward individuals, special interest groups and organizations, and the general public. Special interest organizations were characterized by complex organizational structures. Their sphere of influence extends to provincial and/or federal levels. Special interest organizations activities and apparent sympathies are directed toward a specific population or topic.

"A lot depended on the people who stepped forward. We never went in for mass-mailings like the U.S. branches did."

"We tried to get someone out to tell our side whenever there was any kind of debate. Sometimes that meant calling up and asking for equal time because we hadn't been invited."

The boycotters reported that during this period their major strategy was to raise consciousness.

"We were concentrating on public education and raising public awareness. We had to let people know the issues and how they could get involved."

Informants from Nestle indicated that consciousness-raising was the primary topic area.

"It's important to let people at least hear the other viewpoint, even if they'd already decided not to believe it."

Regarding perceptions of typical responses, activists perceived opposing advocacy groups as either willing to engage in rational debate or as indifferent.

"The meetings with Nestle people were tense, but respectful. There was a kind of gentlemanly hostility from them."

"We got the totally predictable soft-sell from Nestle. They were extremely polite whenever we met, but what they said were all vague hazy kinds of things."

"In the beginning I don't think they took us that seriously. The company's policy seemed to be 'ignore them and they'll go away'."

The larger society was thought to be either supportive of the groups' activities or willing to engage in debate.

"People were pleased to find something they could get involved in and make a difference."

"The whole thing about babies dying, you know. That's such a clear issue. Something's so wrong with that that it really grabs people."

"There were people who questioned the fairness of singling out Nestle. Sometimes we'd get into debates on issues of infant feeding, you know, bottle feeding versus breastfeeding."

Informants from Nestle perceived advocacy groups created by activists to be open to rational debate.

"We'd all get together and we'd give our point of view. We did what we could to convince them that these things weren't happening anymore."

Informants indicated that the larger society was either willing to debate the issues or was sympathetic to the Nestle position.

"Some people were receptive, but also very thoughtful. They wanted to understand as well as they could before they decided. Other people were and wanted to be uninformed."

b. Time period: 1981-82. Boycotting groups invested much of their energy into public speaking engagements and pressure tactics.

"We worked like crazy to get the Code passed. We wrote letters to policy-makers at all levels in government and health facilities. There were marches and rallies, public meetings and community forums. We did everything we could to keep the heat on."

"Once the Code was passed people thought the boycott was over. We had to work even harder. We had to tell people that more needed to be done to be sure the Code got implemented."

Interviewees from Nestle indicated a shift in focus. Use of the general press and public speaking engagements were not

reported as frequently as during the previous period. The groups' efforts had turned to the use of research and development as well as written documents. These publications were most frequently in the form of position statements, quarterly reports, and informational packets.

"When it was first adopted, Nestle publicly announced full support for the aims and spirit of the Code. So we here in Canada stopped participating in public debates. We felt the company's position had been clearly stated."

"The Nutrition Center was created to fill a need for scientific research on nutrition and health. The Center publishes in medical journals, sponsors nutrition workshops, and funds research related to nutrition issues."

"We wrote into our charter a provision for public disclosure. Every quarter we publish reports which are available for public review."

Activists most frequently selected special interest groups and organizations as their primary targets.

"We were trying to build a strong network. We needed contacts in higher levels now that the Code had been passed. Implementation is a policy-making issue."

"Part of my vision was to prove that significant questions could be raised from a provincial town to a national level."

Groups concerned with the Nestle viewpoint also targeted special interest groups and organizations.

"We were approached by individuals. Sometimes it's difficult to know whether they're representing an organization or working on their own, but usually there were organizational ties of some kind."

"We worked with groups and organizations as they related to our company. There are all kinds of points of contact in areas like health facilities, community interest groups, marketing, and so on."

Citizens involved in the controversy reported that during 1981-82 consciousness-raising continued to be the central theme.

"We had to make people aware of how the Code related to Canada. Too many people believed it was only relevant to developing nations."

"We concentrated on implementation. We wanted people to know who was making decisions and what kinds were being made."

Nestle representatives unanimously reported that their central concern was consciousness-raising about issues relevant to the baby milk controversy.

"Our role in the infant formula controversy was to provide information on infant health and nutrition as related to the Third World."

"We discussed at length nutrition and health issues. But we did not go beyond the Code and into our understanding of what might be. We tried to rise above the emotional debate and look for facts."

"We tried to adopt an emotional response. Too often people think of companies as bricks and buildings, not as other people. So we tried to respond as people."

Boycotters' perceptions of typical responses from opposing advocacy groups remained unchanged. They were still believed to be indifferent, or in some cases available for rational debate.

"Our profile got higher and so did theirs. They couldn't keep on ignoring us. They had to do something about us."

"They became more and more insidious. The stuff they put out was slanted, but very subtly. They were being extremely careful about how things were worded. Their so-called audit commission is an example of that."

"They were really trying to act indifferent. That way they could minimize the effectiveness of the boycott. What was really happening was that they'd moved the issue out of the public light and into the private. There was more backroom, under the table kind of stuff going on."

The larger society was viewed as sympathetic to the activists' cause.

"In general people had an increased awareness of the issues."

"Passage of the Code had a double-barreled effect. On the one hand it gave us really high visibility for a while. But on the other hand it got people believing the issue was settled. That was bad because it really was only a step in the right direction."

During this period corporate informants considered citizen advocacy groups to be hostile.

"They had simplistic views about the issues. When we were still doing speaking engagements, they'd be out there in the crowd firing at us. But they wouldn't come forward and identify themselves as INFAC people."

"When the Commission was first created people were highly cynical and distrustful of it. They didn't believe in it and wouldn't use it. The 1982 meeting between INBC and NIFAC was a plateau. It started an evolutionary process where NIFAC was used but still distrusted."

The larger societal response was considered to be essentially unchanged. The general public was believed to be either sympathetic of the company's position, or open to rational debate.

"Journalists, concerned about the facts were in general very fair. Columnists, who were advocating a particular side, were expressing an attitude. They were still pretty negative."

"The thinking population began to ask about the other side."

In addition to these observations, informants made an additional comment:

"The public at large in the sense of persons not involved in one side or the other did not know about the conflict. I ran into people over and over who had not even heard of the boycott or the Muskie Commission."

c. Time period: 1983-84. During this final period citizen activists continued to utilize public speaking, written

documents, and pressure tactics as the primary tactics. Their primary targets remained special interest groups and organizations.

"We were really pressing for Code implementation in Canada. So we'd do things like the survey of Canadian health facilities. We wanted find out to what extent the Code was being applied in our own country. Then we'd know where we stood."

"The international group was concentrating on two things. We pressed governments for creation of national codes. And we worked to promote and protect breastfeeding through things like the regional conferences."

Interviewees from Nestle reported no change in tactical choices. Written documents along with research and development remained the most frequent responses. Similar to the activists, special interest groups and organizations were again the main audience.

"Our company has repeatedly stated its support for the International Code. We continue to do that. We are also conducting research to form a solid factual grounding for our policies."

"The Commission continued to monitor Nestle compliance. To broaden our knowledge base, fact-finding tours were made of developing countries. We wanted to see first-hand what Nestle was doing in the field."

Informants from the citizens' movement reported their primary topic was different from 1981-82. They stated that nearly equal emphasis was being placed on consciousness-raising about the

issues and economic/political influences which affect them.

"We were trying to get people to understand just how much influence industry had on things like decisions on infant feeding. There's really not as much freedom of choice as people think."

"We tried to get people to see that we weren't part of some lunatic fringe. These were essentially human issues which required human response. You couldn't keep on in a prescription mode kind of thing of 'we've been doing this for years, why change'."

As in previous years, Nestle representatives reported consciousness-raising as the single topic area.

"We wanted people to know that Nestle was living up to its commitment to support the Code. We even went so far as to unilaterally implement our company policies in countries where no national code was in place."

"Our job was to determine whether Nestle was living up to its commitments. We have not felt that we should praise Nestle. But we should give them credit for changes that have been made."

Activists' perceptions of opposing advocacy groups changed notably. The response most frequently given was that these groups were viewed as being willing to engage in rational debate.

"I think in the end we frightened them. They didn't know what to do with us. And we were so bloody persistent."

"The negotiations between Nestle and the INBC were real milestones. They showed how important the issue had gotten for Nestle. They brought in their real heavy-duty guys for that one."

As in the previous time periods, the larger society was seen as mainly being sympathetic of the movement.

For the final period individuals from Nestle perceived opposing advocacy groups as being willing to debate.

"Relations between NIFAC and INBC were improving. It was as if they were saying 'we're testing you.' We must have proved ourselves. After the Joint Agreement was signed we were considered independent by both sides."

"The company was encouraged to see that INBC and the organizations represented had isolated four points which they believed needed clarification."

The larger society's response was still viewed as sympathetic or inclined toward rational debate.

"The boycotters were losing significant moral support due to NIFAC reports as well as changes Nestle had made in its marketing policies."

Priority/Success Rankings. Using a 5-point Likert scale, informants assigned ratings in response to two kinds of questions. The first regarded the priority concerns in the national (i.e., Canadian) context had in the group's planning for

TABLE 6
SUMMARY TABLE
Priority/Success Ratings

INFACIT		NESTLE	
(1978-80)		(1978-80)	
Canadian Context	Limited Priority Moderate Priority	Moderate Priority	
	Great Success	No Success	
International Context	High Priority	High Priority	
	Great Success	No Success Great Success	
(1981-82)		(1981-82)	
Canadian Context	Moderate Priority	Moderate Priority	
	Considerable Success Great Success	No Success	
International Context	High Priority	High Priority	
	Considerable Success	Great Success	
(1983-84)		(1983-84)	
Canadian Context	High Priority	Moderate Priority	
	Great Success	No Success	

Internat'l
Context

High Priority

Great Success

High Priority

Great Success

future action strategies. The options ranged from High Priority (1) to No Priority (5). The same question was asked regarding the international context. Perceptions of success in goal attainment in national and international contexts was the second kind of inquiry. The scale was anchored at one end by Great Success (1) and at the other by No Success (5). Responses to these items were plotted over the three time periods mentioned earlier (See Table 6; Appendix D. Figures 9-12).

a. Time period: 1978-80. Contacts from the activists' groups rated planning in the national context as limited priority. Success at attaining the established goals was most often rated as a great success.

"We relied on groups like the LaLeche League to address the Canadian context regarding the person-to-person support of breastfeeding. Our group's goals were more politically oriented."

"You have to remember that the members were a coalition. Some members placed more import on the Canadian context than others."

"Our greatest success was in mobilizing support for the boycott. We took on Goliath and showed that ordinary people could create change."

The international context was frequently rated a high priority in planning. Great success was also reported as the level of goal attainment.

"Pressuring for corporate responsibility in the international context was our highest priority."

"Education about the Third World in general was very much a high priority. Especially in terms of cultural differences. Really getting people to appreciate that it's a different world over there."

"We were really highly successful in the international context. People were more aware of and really challenging the way multinationals influence the lives of people in the Third World."

Groups reporting for Nestle most frequently cited the Canadian context as a moderate priority. Efforts in that milieu were considered unsuccessful.

"We concentrated some efforts here in Canada, but we were mostly concerned with company policies in developing countries."

"No, we weren't at all successful. Our goal was to end the boycott in Canada. That didn't happen."

High priority was assigned to the international context. There was disagreement regarding how well objectives were met. The vote was evenly split between believing there had been no success and that there had been great success.

"The issues were just too big. Things like poverty, ignorance, poor health, bad nutrition. Those things kept being problems. That wasn't going to be changed by our efforts alone."

"We continued our tradition of care and concern about our products and our market behavior. We were among the first companies to endorse the need for industry accountability. In that sense, we were highly successful."

b. Time period 1981-82. Activists continued to rate the Canadian context as a moderate priority. Groups reported fairly evenly having had considerable and great success regarding national issues.

"Once the Code was adopted by WHO UNICEF, the Canadian context became a higher priority. The goal was to push for adoption of the Code in Canada. That remained a high priority from then on."

"We still had people involved and supporting the boycott effort. We kind of lost steam around the time the Code was passed, eh. We had to put out a lot of energy to get people back into the issues. But we did it."

The international context continued to receive high priority rankings. For this period of time the boycotters reported great success in reaching goals in the international milieu.

"Now that the Code had been adopted, the international context was still an important one. Now we were working for implementation."

"Relatively speaking, we were more successful than most. No one before us had really thought about seriously lobbying in a U.N. body."

Nestle representatives continued to rank the Canadian context as a moderate priority. Goal attainment within that category was not considered successful.

Both priority and success ratings were high in regard to international concerns.

"Creation of the Code itself, by virtue of its uniqueness, was a great success."

"Our greatest disappointment is that national governments have failed to enact codes in line with the International Code."

"When the Code was passed our company announced full support of its aims and spirit. That position did not change throughout the history of the boycott."

c. Time period: 1983-84. Boycotting groups rated the Canadian context as a high priority. Furthermore, they perceived themselves as having been greatly successful at attaining their national goals.

"By 1983-84 local priorities had gotten higher. People were concerned about strengthening the network. New groups were added or existing groups were beefed up."

"It really brought home the effect a few people could have. It was the classic example of how citizen-based activity can work!"

The status of the international context was unchanged. It remained both a high priority and an area where activists reported great success.

"The focus in the international context broadened over time. We became more knowledgeable and sophisticated. We've moved from working mostly by intuition and feeling. Now we also do critical and detailed analyses so we can be even more effective."

"We captured the imagination of a broad base of grass-roots people. We got people talking about the broader concern of the effect of multinationals on daily living."

"The jury's still out. A lot of headway's been made, but we need to avoid complacency due to the Code or Nestle's apparent compliance. Wait until we've got implementation. Then you can ask me about success."

Similar to the activists, representatives from Nestle rated baby milk issues in Canada as a moderate priority. They continued to believe that no success had been attained. However, the international considerations were high priorities. These goals were reported to have been attained with great success.

"From the point of view of creating a factual record of alleged violations, we've been very successful. In terms of refining Nestle policies in the field, we've also had high degrees of success."

"If the dispute helped us eliminate the misuse of our products in the Third World, it's been worthwhile."

Interviewees representing both sides expressed difficulty with these questions. The reasons cited most often were that the scaling was artificial and simplistic (2 informants), that the requested information was before their involvement or beyond their pruvew (4), and that the question was too immense to be answered in a single interview (1). Five informants addressed several dimensions of the controversy in response to the success-scaling (raising awareness regarding Third World and First World

relations, complexities of development, education and marketing, levels of intervention in citizen action).

Archival Data

The archival search consisted of 200 primary and secondary source documents. The items examined in the search included the following types of publications: Nestle position statements, news releases, and reports (39); INFACT committee minutes, conference proceedings, position statements, and reports (78); government documents, conference reports, and resolutions (8); medical/professional journal articles and magazines (11); countercultural magazines, news releases, position statements, and resolutions (43); and business magazines and reports (21).

Content analysis was done according to the categories generated in the pilot study (Major Issue Areas: Action Tactics, Audience, Topic, Geographic Emphasis). In the course of the analysis, subcategories were added to major issue areas Action Tactics (Networking, Negotiation, Journal Article) and Topic (Resource Mobilization, Position Statement). This was necessary in order to accurately account for all the information found in the documents. Frequency counts were tallied for each general category across the movement's history, using the time periods 1978-80, 1982-81, and 1983-84 (See Table 7: Appendix D, Tables 3-6).

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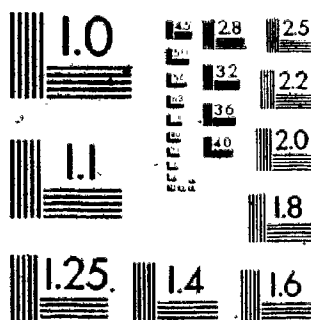


TABLE 5
SUMMARY TABLE
Archival Data Search

	1978-80	1981-82	1983-84
Action Tactics	18% - Network 18% - Boycott 15% - Written 49% - Spectrum	16% - Network 15% - Written Documents 15% - Monitoring 13% - Boycott 41% - Spectrum	19% - Written 18% - Written Documents 17% - Monitoring 46% - Spectrum
Audience	26% - Indivs 26% - General Public 23% - Groups 23% - Orgs	30% - Groups 30% - Orgs 26% - Indivs 14% - General Public	31% - Indivs 29% - Orgs 28% - Groups 12% - General Public
Topic	52% - Conscious Raising 35% - Resource Mobilize 7% - Economic Political 3% - Moral Issues 3% - Position Statement	32% - Resource Mobilize 30% - Economic Political 19% - Conscious Raising 15% - Position Statement 4% - Moral Issues	43% - Economic Political 20% - Resource Mobilize 18% - Conscious Raising 16% - Position Statement 3% - Moral Issues
Geographic Emphasis	42% - National 33% - Indus'ized 25% - Internat'l Underdev	45% - Internat'l Underdev 28% - National 27% - Indus'ized	42% - Internat'l Underdev 36% - Indus'ized 22% - National

a. Time period: 1978-1980. In the first time period, there were 162 occurrences related to action tactics, 117 to audience, 65 to topic, and 64 to geographic emphasis. Networking (18%) and written documents (15%) were the tactics which occurred most often. The audiences targeted most frequently were individuals (26%) and the general public (26%). Consciousness raising (52%) and resources mobilization (35%) were the frequent topics in the beginning time period. The Canadian scene was the major context emphasized (42%). Content about the industrialized world occurred second most frequently (33%).

b. Time period: 1981-82. This second period revealed 279 appearances having to do with tactics, 159 with audience, 90 with topic, and 91 with geographic emphasis. For these years the emphasis changed slightly regarding tactics. The use of written documents (15%) and networking (16%) was supplemented by efforts at monitoring (15%). Special interest groups and organizations were the primary audience in the second time period. The number of occurrences was evenly divided between the two with each appearing 30% of the time. Resource mobilization remained the principal topic (32%), followed by consideration of economic and political issues (30%). The underdeveloped world was clearly the primary geographic concern with 45% of the occurrences related to geographic emphasis. The Canadian context followed distantly with 28%.

c. Time period: 1983-1984. The final period showed 240 incidences of tactics 216 of audience, 116 of topic, and 107 of geographic emphasis. Regarding tactics, references to networking occurred most frequently (19%), followed by written documents and monitoring (18% and 17%, respectively). The emphasis was again on individuals as the primary audience targeted (31%). Special interest organizations occurred second most frequently (29%). The same pattern seen previously in 1981-82 relating to topic appeared in this last period. Forty-three percent of the occurrences dealt with economic/political considerations, and 20% with resource mobilization. Issues in the developing world continued to dominate occurrences related to geographic emphasis (42%). References to industrialized countries followed, occurring 36% of the time.

Historical Narrative

The remainder of this section details the historical development of the boycott movement. Events are presented chronologically. Major occurrences for a given year are listed in its heading. Figures 3-6 graphically depict the movement's growth.

Annotated Timeline

Improper marketing of infant formula was defined as a problem many years before the Nestle Boycott officially began. Therefore,

Figure 3
Timeline
"Before the Beginning"

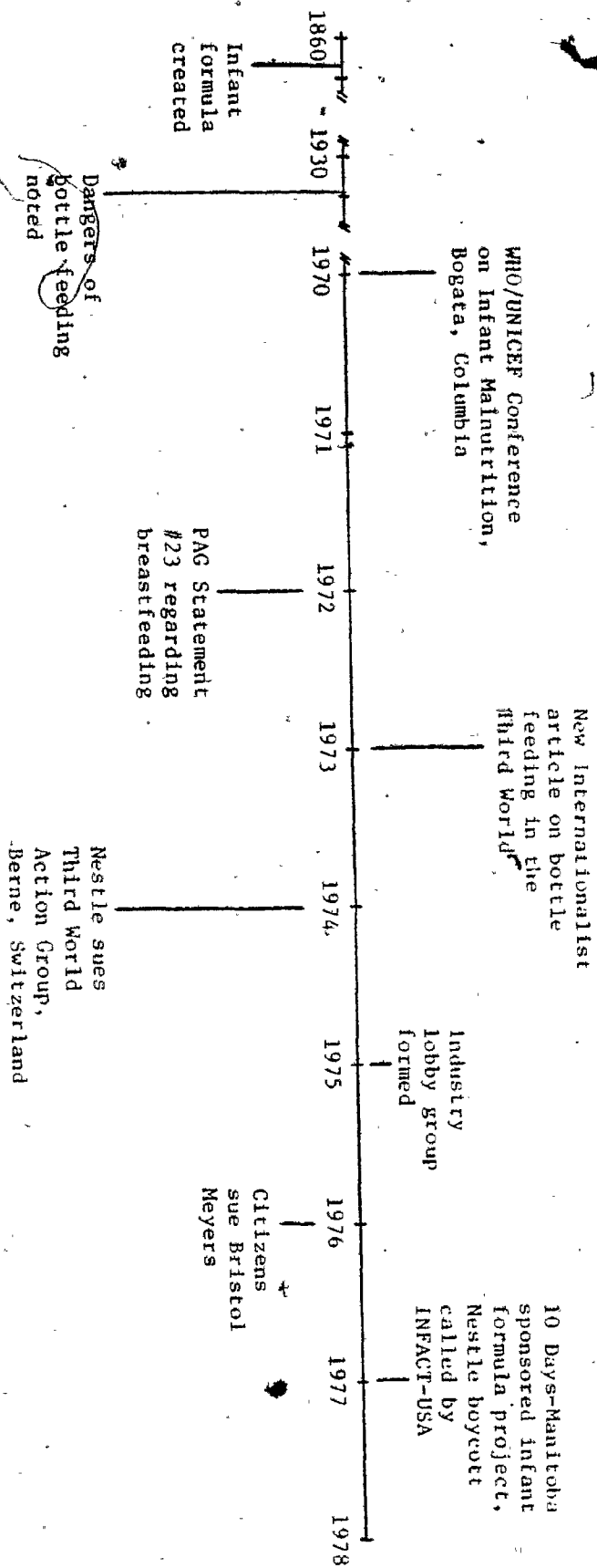


Figure 4
Timeline
1978-1980

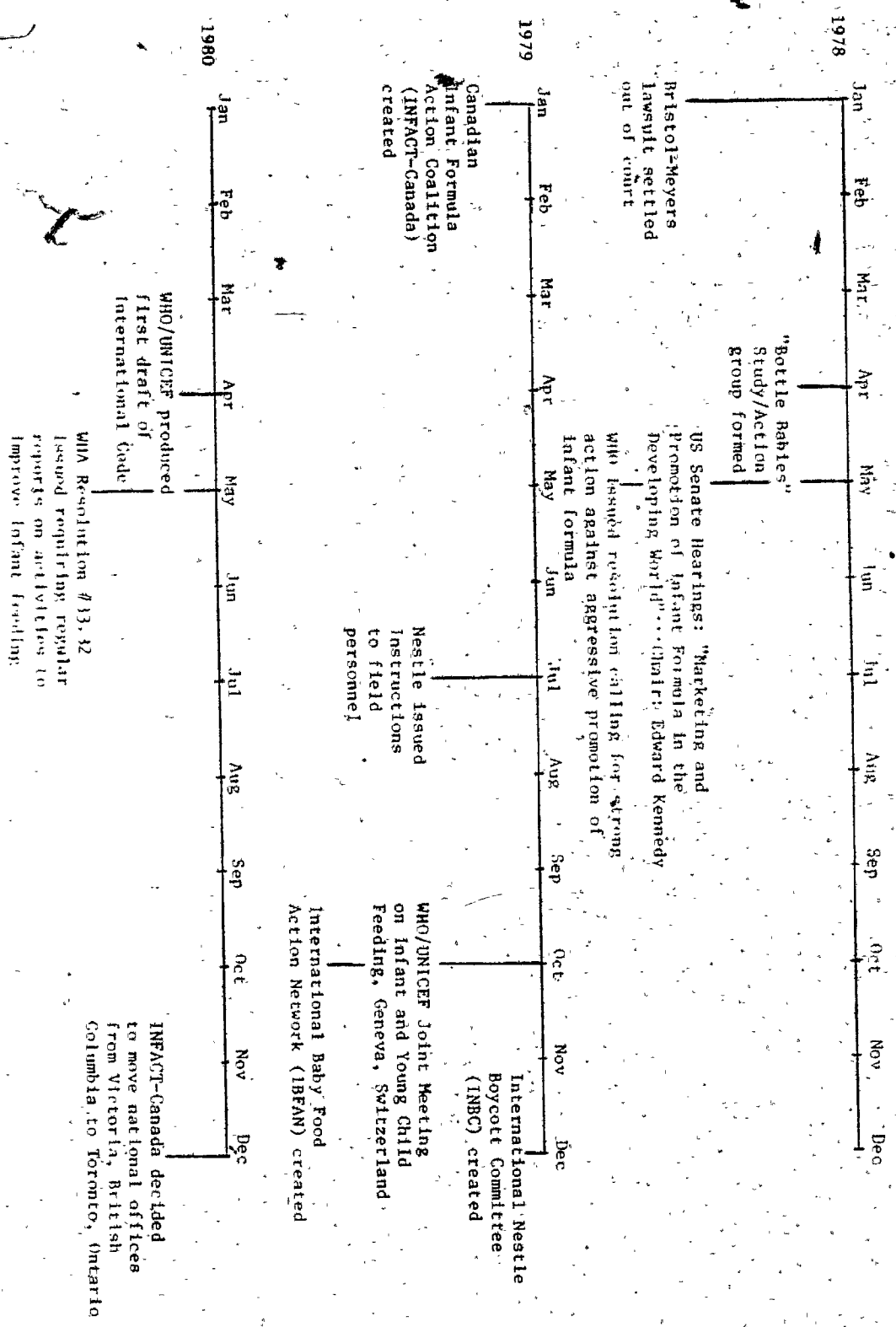


Figure 5
Timeline
1981-1982

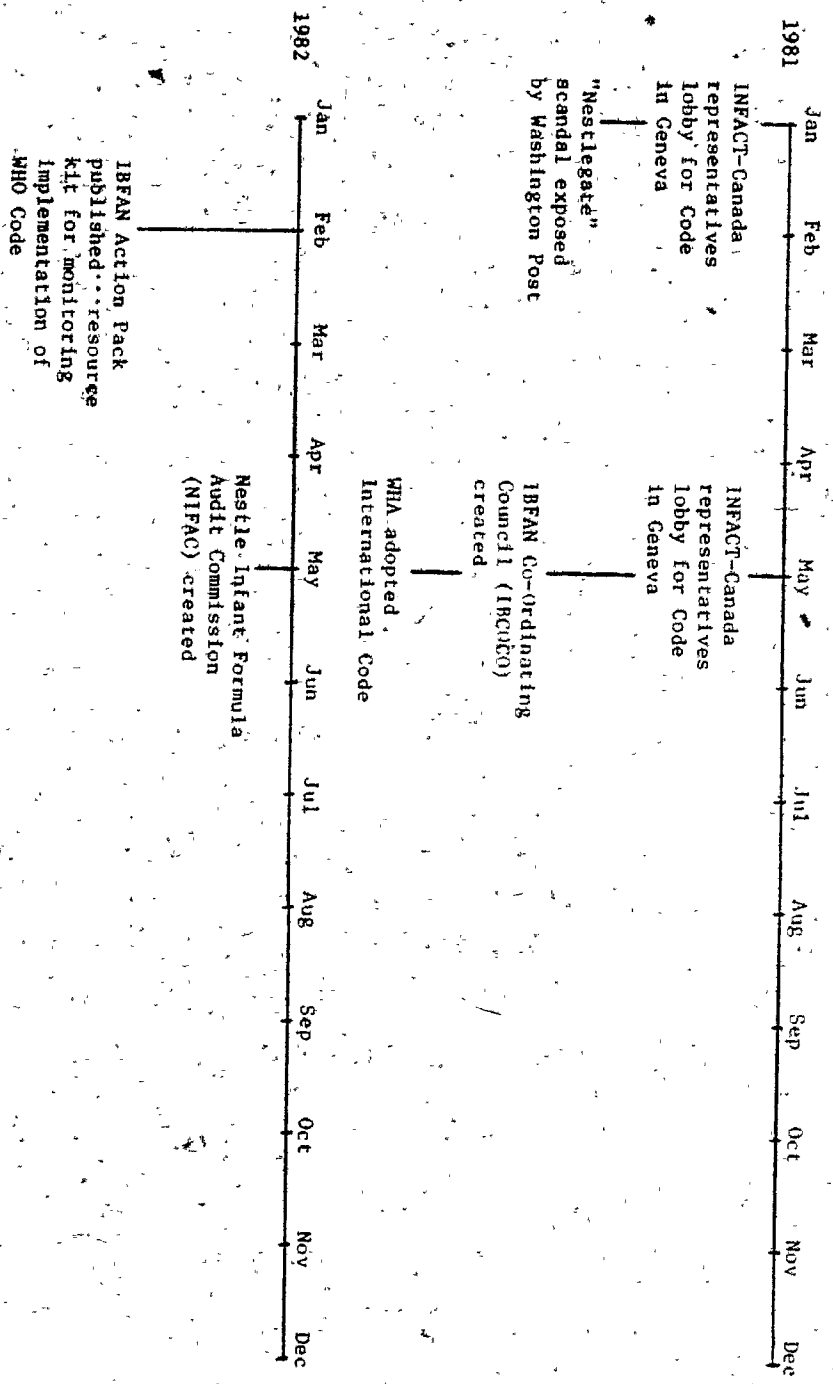
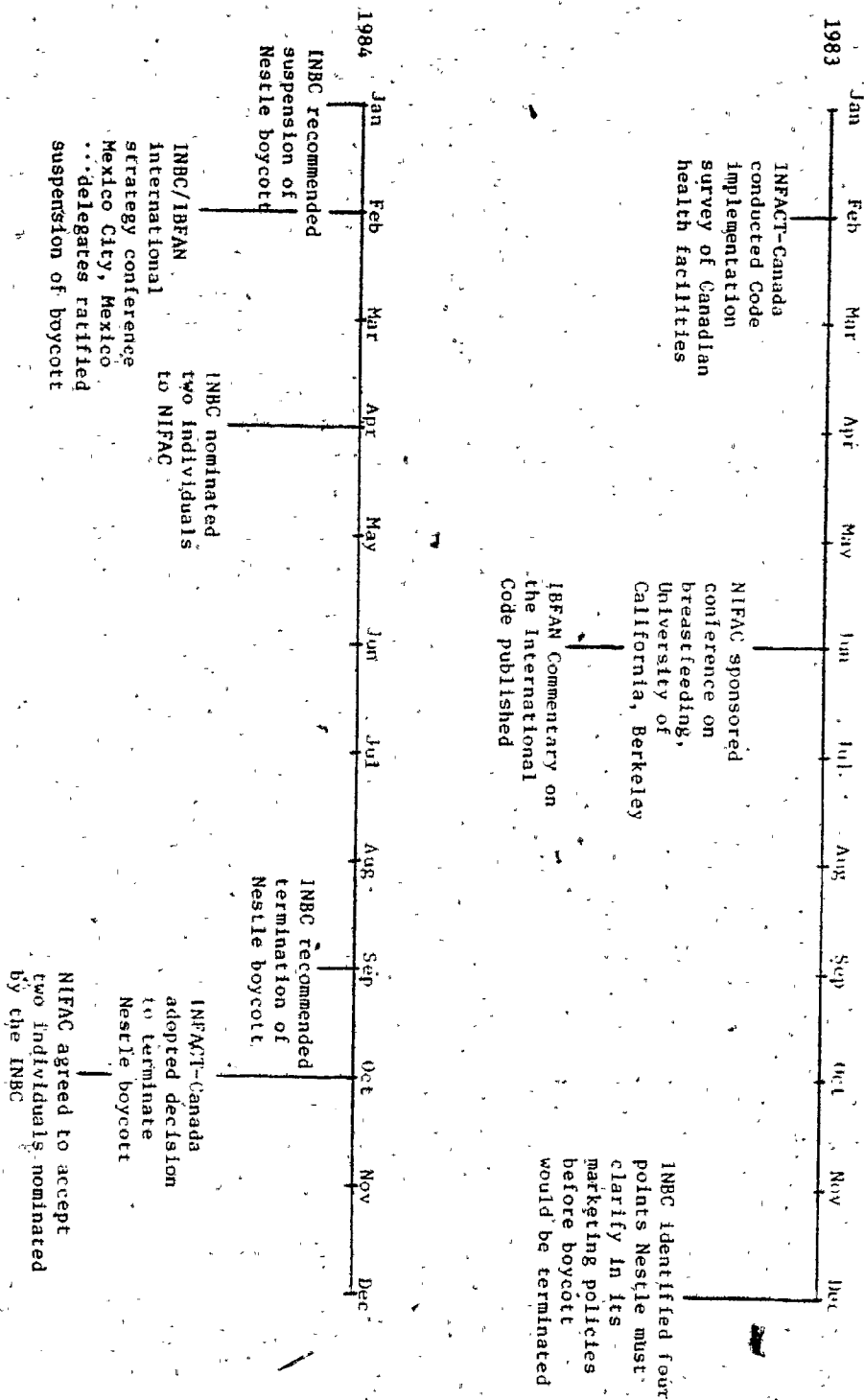


Figure 6
Timeline
1983-1984



a comprehensive history of the confrontation between activists and industry must be started "before the beginning."

1866: Infant formula created

Dr. Henri Nestle created infant formula in 1866 for a child who was gravely ill. The child's mother was unable to breastfeed and a wet nurse was not available. The breast-milk substitute patented by Dr. Nestle was a milk and grain-based infant food. (Nestle Nutrition Center, 1982; Hallman, 1985).

1939: Dangers of bottle feeding noted

Dr. Cicely Williams, a pioneering paediatrician, draws attention to the damaging effects of bottle feeding in a speech entitled "Milk and Murder." Manufacturers responded by stating that infant formulas were scientifically formulated to be the next best thing to breastmilk. (IBFAN, 1982; International Conference, 1984).

Late 1960's, early 1970's

Nutritionists and paediatricians document the role of the infant formula industry in accelerating the spread of bottle feeding. Articles in medical journals encourage the World Health Organization (WHO), UNICEF and the Protein Calorie Advisory Group of the United Nations (PAG) to begin discussion and dialogue with the industry in an effort to bring about changes in marketing practices. (Jelliffe, 1968; Jelliffe, 1971; Jelliffe & Jelliffe, 1975; Rosa, 1976; IBFAN, 1982)

1970: WHO/UNICEF Conference on Infant Malnutrition, Bogata, Columbia

The joint meeting between WHO and UNICEF issued a resolution which covered four broad goals and objectives: 1) emphasis of the importance of prolonged breast feeding; 2) tentative guidelines for the marketing of breastmilk substitutes; 3) support of the development of low-cost protein-rich weaning foods; and 4) other possibilities for public health and industry "joint action" (McComas et al., 1983, p. 4). (WHO/UNICEF, 1970: Infant Feeding, 1983)

1972: Statement of breastfeeding

The Protein-Calorie Advisory Group produced Statement #23 which emphasized the "critical importance of breast feeding under the sociocultural and economic conditions that prevail in many developing countries" (IBFAN, 1982). The statement acknowledged that there were circumstances when infant formulas were necessary for the survival of the infant. Statement concludes with a call for action to resolve problems created by improper marketing and its relation to infant malnutrition. (IBFAN, 1982; McComas et al., 1983; Nestle Statement, 1984)

The International Organization of Consumers Unions (IOCU) developed a code of advertising practice. The code had no apparent impact on the international community nor industry. (IBFAN, 1982)

Nestle reviewed its marketing practices in developing countries and instituted certain changes in its promotional and marketing activities. (NIFAC Quarterly Report #1, 1982; Nestle, February 12, 1985)

1973: The debate goes public

Public awareness of the issue develops from an article in the New Internationalist, a magazine concerned with issues in the developing world. Reporters and physicians described their

observations of the disastrous effects of bottle feeding in the Third World. (Milk and Murder, 1983; Geach, 1973)

The UN Protein Calorie Advisory Group (PAG) met in New York City. PAG Statement #23 was revised: "Avoid action which would accelerate the decline in breastfeeding...and it is essential to make food, formulas and instructions available to mothers who do not breastfeed" (PAG, 1973). (McComas et al., 1983)

1974: The Berne Trial

Free-lance reporter Mike Muller was commissioned by the British development agency War On Want (WOW). Muller interviewed executives at Nestle regarding the company's marketing policies in developing countries. The resulting publication, The Baby Killer, described the links between infant malnutrition and promotional practices. Nestle figured prominently in the report. Company representatives maintained that they had described tactics used by other companies and had been misquoted. (Muller, 1974; McComas et al., 1983)

The Swiss-based Arbeitsgruppe Dritte Welt (Third World Action Group, ADW) translated the WOW report into German. The title was rendered, Nestle totet Babys (Nestle Kills Babies). Nestle sued the Group on four counts of libel. (IBFAN, 1982; McComas et al., 1983; Nestle, February 12, 1985)

The 1974 World Health Assembly (WHA) adopted a resolution urging governments to: "review sales promotion activities on baby foods and to introduce appropriate remedial measures, including advertisement codes and legislation where necessary" (IBFAN, 1982). (WHO, 1974)

The US-based Interfaith Center on Corporate Responsibility (ICCR) organized shareholder resolutions against American formula companies. Churches demanded disclosure by the companies regarding marketing data pertaining to the Third World. ("Bottle Babies" Group, April, 1978; IBFAN, 1982)

The PAG met again in Singapore to discuss ways consumers, health care professionals, and industry could collaborate to produce marketing guidelines. At this meeting infant formula company executives first discussed the possibility of forming an

industry council to monitor their own activities. (McComas et al., 1983; Nestle, February 12, 1985)

1975: Industry lobby group formed

The first hearing of the Nestle trial was held. Publicity surrounding the trial is very negative for Nestle and the entire infant food industry. Nestle stated that legal rules of procedure during the trial precluded their being able to present adequate evidence to press their case. The company continued to claim that the examples of unethical promotion were practices used by its competitors. (IBFAN, 1982; McComas et al., 1983)

Nestle and seven other major infant foods manufacturers formed an industry lobby group, the International Council of Infant Food Industries (ICIFI). Eighty-five percent of the companies active in the Third World were represented in the Council. Some large American companies were not members. Following the end of the first hearing in the Nestle trial, ICIFI published a voluntary code said to embody the principles of PAG Statement #23. (ICIFI, 1975; IBFAN, 1982; McComas et al., 1983; Nestle, February 12, 1985)

Nestle reviewed the content of its educational and informational materials. Emphasis on breastfeeding was strengthened, advertisements and promotional material were removed. (NIFAC Quarterly Report #1, 1982, 1982)

"Bottle Babies", a documentary film produced by Peter Kreig (West Germany), was filmed in Kenya. The film depicts the aggressive promotion by the industry and the consequent result of infant death. (Kreig, 1975; IBFAN, 1982; McComas et al., 1983)

The International Pediatric Association passed a resolution for controls on marketing policies which present the advantages of bottle feeding without adequate warning of its hazards. (IBFAN, 1982)

1976: Citizens sue Bristol-Meyers, Nestle trial ends

The Sisters of the Precious Blood compiled field reports from their missionaries about problems in the Third World related to bottle feeding. This report is forwarded to Bristol-Meyers for modification of its shareholder statements regarding marketing practices in developing countries. The company did not use the information, sending instead the original report. The Sisters took the company to court under charges that it had knowingly sent falsified statements. (Baer, 1981; Allain, 1983; INFAC, November 20, 1984)

Nestle trial concludes. The company dropped three of the five libel charges. The Berne Group was charged on the final count because it was ruled that the group could not prove willful intent by Nestle to cause infant death. A fine of \$1 was levied; the judge stated: "this verdict is no acquittal" for the company's practices and that it should "fundamentally rethink your formula marketing practices" (IBFAN, 1982). (Post & Baer, 1979; Allain, 1983; IBFAN, January 17, 1985)

The company's statement regarding the outcome of the legal action was: "Even if Nestle won its libel suit... the company's case was too scientific and complex for the layman and its point of view went virtually unnoticed" (McComas, 1983, p. 3)

Abbott Ross pulled out of ICIFI and created its own, stricter code. (Milestones, 1983)

Nestle faded out infant formula, mass media advertising in developing countries. (NIFAC Quarterly Report #1, 1982; Infant Feeding, 1983; McComas et al., 1983; Nestle, February 12, 1985)

Meanwhile, governments began to act.

In 1975, the health ministry of Papua New Guinea circulated a memo advising health workers to report any use of company advertising materials in health care facilities and urged health workers to encourage breastfeeding. In 1977, the government went a step further and put feeding bottles on prescription and restricted the advertising of formulas. (Baer, 1981; IBFAN, 1982; IBFAN, January 17, 1985)

In 1976, Guinea Bissau took a similar step by placing both milk powders and feeding bottles on prescription. (IBFAN, 1982; IBFAN, January 17, 1985)

In 1977, Jamaica banned visits by company milk nurses to mothers in hospitals and prohibited mass media advertising of formulas. A major health and nutrition programme to help encourage breast feeding was also introduced. (Chacko, 1980; Baer, 1981; IBFAN, 1982; IBFAN, January 17, 1985)

1977: 10 Days-Manitoba sponsored infant formula project, Nestle boycott called

(February)

10 Days for World Development (Manitoba) focussed on the bottle babies issue. Dr. Allan Jackson from Jamaica was brought in as a guest speaker for a public forum. Dr. Jackson, a physician, was interviewed during the making of the film "Formula Factor" (1979). He told those assembled about the consequences to bottle feeding that he witnessed as a function of his duties in a Third World hospital. (IBFAN, January 17, 1985)

(June)

The Infant Formula Action Coalition (INFACT) was formed in the United States. The coalition was founded with the help of ICCR, and was composed of individuals concerned with improper marketing in the Third World. Its members were private citizens, academics, health professionals, and clerics. The first national conference was held in Ames, Iowa. ("Bottle Babies" Group, April, 1978; INFACT, February 7, 1985)

(July)

Organized by INFACT-US, a consumer boycott was called against Nestle. Activists stated that the company was chosen because it held the largest share of the Third World market, it was Swiss-owned and was therefore immune to shareholder actions used against American companies, and because it was thought to be the

worst offender (1/3 reported improprieties concerned Nestle). ("Bottle Babies" Group, April, 1978; Allain, 1983)

Nestle stated the company had been targeted for sanctions because it held a "relatively large share of the world infant formula business;" its products are labelled with the name of the parent company, "whereas many of its competitors are pharmaceutical laboratories almost unknown to the general public"; and because of the company's vulnerability by virtue of the fact that it had "never before been the subject of serious public criticism." (Infant Feeding.... 1983, p. 4). Nestle contacted groups and organizations who endorsed the tactic. The company's stated aim was to present evidence to refute accusations of impropriety made by the boycotters. (Infant Feeding, 1983; McComas et al., 1983)

(October)

The first formal encounter between Nestle and INFAC took place to justify why the boycott should be terminated. Nestle maintained that the case against the company was misrepresentative of its policies, and that the boycott in the States was misdirected. Nestle did not manufacture nor distribute infant formula in the US and Canada. (McComas et al., 1983)

Nestle made a public statement in favor of international recommendations regarding promotion and marketing of breastmilk substitutes. (McComas et al., 1983)

"The Formula Factor", a CBC documentary, was produced. The film deals with the impact of bottle feeding on Third World health and nutrition. Producers interviewed health care workers and administrators as well as representatives from industry regarding current promotional practices and their impact. Health officials reported that improper use of infant formula was widespread and contributed alarmingly to infant malnutrition and death. Industry representatives maintained that formula used predominantly by more affluent urbanites and allowed working mothers to go back to their jobs. (CBC, 1977)

Protein-Calorie Advisory Group dissolved. Recommended that issues of inappropriate marketing continue to be addressed in international forums. (McComas et al., 1983)

Abbott Ross revised its self-imposed code of marketing. (Milestones, 1983)

At this point, Canadian involvement in the controversy became more widespread. Early grass-roots efforts in Victoria, British Columbia expanded into virtually every other province. Over time, local INFAC chapters combined their energies to create a nation-wide network co-ordinated through a national movement office, INFAC-Canada. Early in 1980, an international network developed which was composed of national coalitions from around the globe.

Because the events which unfolded during the history of this controversy took place at three levels, sections of the timeline are divided accordingly. In each month, community-level activities are listed first, specifying the INFAC local involved. Happenings at national levels appear next, followed by international occurrences. At the international level, events are labelled as a function of the country where they took place.

Sometimes no information was accessible regarding the month that a circumstance occurred. These events are listed after the astericks (****) at the end of the year.

**1978: "Bottle Babies" Study/Action Group formed,
Bristol-Meyers case settled, US Senate
Hearings held, WHO resolution issued**

The Bristol-Meyers lawsuit begun by the Sisters of the Precious Blood was settled out of court. The Company agreed to send its shareholders a report which included information of

promotion activities gathered by the Sisters. Bristol-Meyers also promised to halt all consumer advertising and end the use of mothercraft nurses (personnel dressed in traditional nurses' white, who may or may not have been trained professionals, and whose primary function was to encourage new mothers to use infant formula). (IBFAN, 1982; McComas et al., 1983)

Bristol-Meyers created its own code of marketing. The code operationalized the commitments it had to end legal action begun by the Sisters of the Precious Blood. (Bristol-Meyers, 1978; IBFAN, 1982; McComas et al., 1983)

(February)

The second formal meeting was held between INFACT and Nestle. Activists presented the conditions on which the boycott would be lifted: 1) educational literature should not be used for promotional purposes, 2) gifts should not be provided to health officials as incentive to purchase Nestle products, 3) free supplies should not be provided to hospitals on a routine basis, 4) product labels should contain statements regarding the superiority of breastfeeding as well as appropriate information regarding the hazards of improper use of infant formula, 5) use of mothercraft nurses should be halted. (McComas et al., 1983; INFACT, November 20, 1985)

Nestle representatives said of the second meeting: "...INFACT seemed to be less concerned with persuading the company to agree to logical modifications in its marketing practices than in winning spectacular concessions that would be seen as a public victory for the activists" (McComas, 1983, p. 12).

(April)

"Bottle Babies" Study/Action Group was created in Victoria, British Columbia. Participants were members of religious organizations, development education education committees, and social justice task forces. A number of private citizens without particular organizational affiliation were also involved. Through its network connections, the group advocated for the first Canadian resolution supporting the boycott. ("Bottle Babies" Group, April, 1978; INFACT-Victoria, November, 1978; MacRae, 1978; INFACT, February 7, 1985)

National INFACT Day held in United States. Event preceded the annual meetings of American companies held by shareholders.

Demonstrations were held all over the nation at Nestle companies or distributors. Activities during the day varied as a function of the group involved. For example, INFANT-Boston dumped Nestle instant tea into the harbor in protest of Nestle market practices. ("Bottle Babies" Group, April, 1978; Allain, 1983)

(May)

United States Senate Hearings were held: "Marketing and Promotion of Infant Formula in the Developing World". Hearings were chaired by Senator Edward Kennedy. Evidence was heard from health workers, church representatives, public interest groups, international agencies, and industry. (McComas et al., 1983; Infant Feeding, 1983; Allain, 1983)

Nestle management expressed the conviction that the campaign was "...only one manifestation of a much broader attack on capitalism" (McComas, 1983, p. 12). Management decided to call attention to the political orientation of the activists. Nestle's spokesperson at the Hearings was: Dr. Oswaldo Ballarin, chairperson of Nestle's operations in Brazil, Third World citizen, consultant to the UN Protein Calorie Advisory Group. His statement to the Hearings: "The US Nestle company...has advised me that their research indicates this is actually an indirect attack on the free world's economic system. A worldwide church organization, with the stated purpose of undermining the free enterprise system, is in the forefront of this activity" (Grant, 1979). (McComas et al., 1983; Allain, 1983)

The World Health Assembly repeated its call for strong action to protect breastfeeding, including the regulation of industry. The Assembly still defined aggressive promotion of infant foods as a critical issue. (IBFAN, 1982)

(July)

Nestle representatives met with the National Council of Churches (NCC) to discuss the company's policies regarding infant formula promotion. Nestle commented that the meeting "...produced only hostile confrontation" (McComas, 1983, p. 13).

"Into the Mouths of Babies", a CBS Reports production with reporter Bill Moyers, was screened in United States. The film revealed widespread promotion in the Dominican Republic.

including a "kickback" scheme to health workers based on volume of infant formula sales. (CBS Reports, 1978)

(September)

INFACT-Victoria was created as a formalization of the "Bottle Babies" Study/Action Group. The group's mission statement was to stop aggressive marketing of breastmilk substitutes in the Third World. To accomplish this, one of the principal objectives was to facilitate the creation of a national network of action groups. (INFACT-Victoria, 1978; INFACT, November 20, 1984; INFACT, February 7, 1985)

Following the Senate Hearings, participants decided to move debate over the creation of international marketing guidelines into international forums. The World Health Organization (WHO) agreed to develop such a code at the request of Senator Kennedy, industry, and concerned parties. (McComas et al., 1983; Infant Feeding, 1983)

(October)

Nestle representatives met again with the National Council of Churches (NCC). Reports state that the two sides were unable to reach agreement on the issues involved. Activists report that the company remained unwilling to correct its aggressive marketing practices. Nestle comments that the NCC had begun to view ICCR and INFACT as its experts on infant formula marketing. (McComas et al., 1983)

(November)

INFACT-Victoria presented a brief before the People's Food Commission about the effects of bottle feeding. The object of the brief was to "point out the advantages of breastfeeding and examine the forces conspiring against it...[to] discuss the tragic impact of bottlefeeding Third World infants" (INFACT-Victoria, 1978, p. 1); (People's Food Commission, 1980)

Public interest groups in the Philippines, Malaysia, Singapore, Kenya, South Africa, Panama, Costa Rica, and Trinidad worked on breast feeding programs. Helped to further document excessive commercial promotion of breastmilk substitutes. Demands for change in corporate activities and values spread to Australia, New Zealand, and Japan. The Nestle Boycott was picked up in these countries. (IBFAN, 1982)

Dr. Natividad Clavano, Chief of Paediatrics, reshaped policies in Baguio General Hospital, The Phillipines. Promotional materials free samples, and donations from formula manufacturers were refused. "Everything that was conducive to bottlefeeding was removed not only from the nursery, but from everywhere else in the hospital" (UNICEF, 1981). Establishment of routine breastfeeding in maternity wards of the hospital was the result of a three-year effort by the doctor. (Clavano, 1981; IBFAN, 1982; International Conference, 1984)

Dr. N. O. Bwibo, pediatrician from Kenya, denounced his role in the production of the film "Bottle Babies". Dr. Bwibo stated he had not been allowed to view the finished film before its release. This was contrary to the agreement made with activists involved in the film's commission. He went on to state that his attempts to contact INFAC representatives in Minnesota (INFAC-US) had received no response. (McComas et al., 1983)

Nestle withdrew mass media advertising of infant formula from all developing countries. The company also created its own code of marketing ethics. (NIFAC Quarterly Report #1, 1982)

**1979: INFAC-Canada created, Nestle issued
Instructions to field personnel,
INBC created, WHO/UNICEF joint
meeting, IBFAN created**

(February)

INFAC-Victoria decided to send representative to INFAC-US national conference. This was the first Canadian representation

at an INFACI strategy conference. Objectives for sending a representative were to, 1) inform the American groups that Canadian counterparts existed, and 2) to gather information about future tactics and suggest possible co-ordination between the two countries. (INFACI-Victoria, January, 1979; INFACI, National Meeting, 1983)

Second National Conference of INFACI-US held in San Francisco, California. Representatives from groups throughout the United States and Canada attended. Representative from INFACI-Victoria provided information regarding efforts by groups in Canada. Information and resource exchanges set the stage for future co-ordination between groups in the two countries. (INFACI-Canada, April, 1980)

(March)

INFACI-Victoria reported a sharp influx of requests for information regarding the infant formula issues. Organizers decided that a clearinghouse was needed. Its function would be to facilitate information exchange, match groups with complementary needs, update materials and documentation. INFACI-Canada office was created to serve this purpose. Members of the local chapter volunteered to assume responsibilities in the new national body. Offices and facilities for operation were supplied through organizational contacts of these individuals. (INFACI-Canada, March, 1979; INFACI-Canada, November, 1979; INFACI, February 7, 1985)

(April)

A meeting was held in Toronto between church representatives (United Church, Anglican Church, Canadian Religious Conference) and Nestle management (Manager of Public Affairs and Planning, President of Nestle-Canada, Vice-President of Nestle-United Kingdom). Nestle officials came at the invitation of church leaders to present the company's case regarding the boycott demands. Following the meeting, the United Church decided to endorse the United States boycott of Nestle. (INFACI-Canada, May, 1979; INFACI, February 7, 1985; Nestle, February 12, 1985)

(May)

The Anglican Church announced its endorsement of the United States boycott of Nestle. (INFACT-Victoria, October, 1978; Anglican Diocese, 1979)

(July)

Nestle issued Instructions to Companies of the Nestle Group and to Agents and Distributors Who Market Infant Formula Under Trademarks owned by the Nestle Group. The detailed instructions were issued to field personnel to reiterate company policy regarding ethical conduct in the Third World marketplace. (Nestle Instructions, 1982; Infant Feeding, 1982).

Activists condemned the Instructions, stating that they did not end practices such as commissions on infant formula sales, provision of supplies to hospitals and doctors, direct contact between company salespeople and new mothers, distribution of promotional literature in the guise of educational literature, presentation of gifts to health care professionals as inducement to patronize Nestle products. (INFACT, November 20, 1984; INFACT, December 10, 1984; INFACT, December 11, 1984; INFACT, December 12, 1984; INFACT, December 12, 1984; INFACT, January 3, 1985; INFACT, January 15, 1985; INFACT, January 16, 1985; IBFAN, January 17, 1985; INFACT, February 6, 1985; INFACT, February 18, 1985; INFACT, March 19, 1985)

(September)

INFACT-Victoria facilitated a television debate between representatives from INFACT-Canada and the Director of Public Affairs for Nestle-Canada. The program was a call-in show and public participation was reported to have been vigorous. Many of the callers' questions were addressed to the Director, asking if Nestle had made any changes in its policies as per boycott demands. The Director replied that Nestle had consistently acted responsibly in the marketplace. Blatantly inappropriate marketing practices had been curtailed many years before the beginning of the boycott. He went on to point out the company had long supported the need for accountability and ethics in the promotion of infant formula. (INFACT-Canada, October, 1979; INFACT, February 7, 1985; Nestle, February 12, 1985)

INFACT representatives disagreed that significant improvements had been made. Aggressive promotional practices were still viewed as central to the decline of breastfeeding as well as to the high incidence of infant mortality. (INFACT-Victoria, September, 1979; INFACT, February 7, 1985; Nestle, February 12, 1985)

INFACT-Canada met with Nestle's Director of Public Affairs (Toronto) in Victoria, British Columbia. Activists presented their issues regarding Nestle marketing practices: 1) stop direct contact between company representatives and mothers for any purpose 2) stop direct Nestle support of doctors to conventions, etc.. 3) make available to the public financial statements of sales patterns of formula in Third World countries. 4) provide "untied" aid to pro-breastfeeding groups like La Leche League, and 5) all free distribution to be unmarked samples to governments and hospitals (not to the doctor) be stopped (INFACT-Victoria, September, 1979).

The Director stated that his purpose of attending the meeting was to ask what must be done to end the boycott of Nestle in Canada. He stated the response was that activists in Canada were not empowered to terminate the boycott. Such decisions were made through INFACT-US. The Nestle official reported the opinion that in light of this fact, further negotiation between the two groups seemed futile. (INFACT-Victoria, September, 1979; Nestle, February 12, 1985)

(October)

INFACT-Toronto was founded. The core group consisted of a professional community organizer along with members affiliated with breastfeeding promotion organizations, and with development education organizations. Their mission statement was to stop aggressive marketing of infant formula in the Third World. (INFACT, January 15, 1985)

INFACT-Canada national meeting held in Friends' House, 24-26 October. Representatives at the meeting came from action groups all over the country. The aim of the conference was to discuss strategy for having the International Code take the form of a regulation rather than a recommendation. Workshops were held on the status of the boycott, organizing local activity, and discussion of the national organization. Future strategies were planned; decided to officially join the United States boycott of Nestle. (INFACT-Canada, November, 1979; INFACT-Canada Memo, October, 1979; INFACT, November 20, 1984; INFACT, December 17,

1985: INFACF. January 15. 1985: INFACF. January 17. 1985: IBFAN. January 17. 1985)

WHO/UNICEF held their Joint Meeting on Infant and Young Child Feeding. The meeting brought together health workers, representatives from UN agencies, selected governments, public interest groups and consumer organizations, and the infant food industry. Strong recommendations were issued which called for an end to promotional advertising, free samples, and the use of health care systems as a promotional channel. A resolution was formulated which called for the development of an international code of marketing of breastmilk substitutes. Industry, governments, health professionals, and concerned consumer groups were called upon to collaborate in the creation of the guidelines. (WHO/UNICEF, 1979: INFACF. November 20, 1984: IBFAN, January 17, 1985: Nestle, February 12, 1985)

Nestle reported being generally satisfied with the outcome of the Joint Meeting. The company stated that policy changes advocated by the consensus document reflected changes that had already been put into effect. Furthermore, the recommendation emanating from the meeting was compatible with efforts already taken by the International Council of Infant Formula Industries (ICIFI). The ICIFI code was a voluntary code of ethics written to encompass the aims of PAG Statement #23. (McComas et al., 1984: Nestle, February 12, 1985)

The International Baby Food Action Network (IBFAN) was created following the WHO/UNICEF meeting. The network was formed to facilitate international co-ordination between the organizations working on the issue. The network's mission statement was to promote breastfeeding, and to stop promotion of commercial infant food. Specific goals were stated to be: 1) to raise public awareness of the positive value of breastfeeding and improve social support systems, 2) to co-ordinate campaigns which put direct economic and social pressure on infant foods manufacturers and governments, 3) to create a network of non-governmental organizations (NGO's) trained in skills necessary to bring about these changes. (UNICEF, 1983: INFACF. November 20, 1984: IBFAN, January 17, 1985)

(November)

INFACF-Canada made an application to CIDA for a funding grant. The purpose for the application was that INFACF activities are directed toward the interests of Third World development and prevention of damages caused by inappropriate marketing of infant formula. (INFACF-Canada, September, 1979: INFACF-Canada,

November, 1979: INFAC, November 20, 1984: INFAC, February 7, 1985)

INFAC-Canada made an application for incorporation in British Columbia. This was done because incorporation of a non-profit organization was the first step toward a charitable tax number and it provided liability protection for individuals against suit by Nestle. (INFAC-Canada, November, 1979; INFAC, November 20, 1984; INFAC, February 7, 1985)

INFAC-Canada compiled a list of communities in which action groups existed: British Columbia (Timmons, Milton, Richmond), Alberta (Edmonton), Nova Scotia (Halifax), Ontario (Toronto, Windsor, Ottawa, London), Newfoundland (St. John's), Manitoba (Winnipeg). Group announced "We in Victoria are greatly encouraged by this and by the growing number of endorsements by Churches, national bodies, students, and some professional groups of the boycott of Nestle" (INFAC-Canada, November, 1979, p. 3).

International Nestle Boycott Committee (INBC) was created in New York City. The INBC consisted of a general members of national-level boycott endorsers in the United States and Canada. A 12-person Steering Committee represented various constituencies in the general membership (e.g., labor, church denominations, health, women, students, etc.). A 6-person Executive Committee formulated policy and position statements. Other INBC units were the Negotiating Team (appointed by the Steering Committee) and the Negotiation Advisory Team (NAT) of Third World health, legal, citizen, and women's group advisors. Negotiating authority for INFAC-Canada and organizations endorsing the boycott was given over to the INBC. (INFAC-Canada, October, 1979; INFAC-Canada, November, 1979; INBC, May, 1983; INBC, December 19, 1984; INBC, December 20, 1984; INBC, December 20, 1984)

**1980: INFAC-local action intensified,
INFAC-Canada office moved, WHA
Resolution #33.32 issued,
International Code drafted**

(February)

First issues of INFAC-Contact published by INFAC-Canada. The newsletter was sent to all established INFAC local chapters, members of endorsing organizations, and individuals/organizations interested in beginning an INFAC group. Items in the publication concerned the status of the Nestle boycott, activities sponsored

by INFACT locals around the country, position statements from INFACT-Canada, and information about how to create an action group. (INFAC-Canada, February, 1980)

War on Want (WOW), an British development agency, published a report on Infant Feeding in the Yemen Arab Republic which exposed industry promotion practices. This is followed up by an OXFAM-England sponsored film, "The Great Health Robbery," which is translated into Arabic and used as a teaching aid in breastfeeding promotion programs in the Yemen. (IBFAN, 1982; IBFAN, January 17, 1985)

WHO/UNICEF produced the first draft of the International Code of Marketing for Breastmilk Substitutes. Held several consultations with health workers, governments, UN agencies, public interest groups, and industry. This first draft was sent to the parties concerned for review and revision. (WHO/UNICEF Notes, 1985)

(March)

INFAC-Toronto a sponsored public forum at the St. Lawrence Center. Representatives from Nestle were invited, but declined to attend. A position statement was sent instead, which was read at the forum. (INFAC, January 15, 1985; Nestle, February 12, 1985)

INFAC-Canada received incorporation in British Columbia. Request for a charitable organization number was denied. Government officials stated that the denial was due to the group's politically confrontational activities. (INFAC-Canada, October, 1980; INFAC, November 20, 1985; INFAC, February 7, 1985)

Health and Welfare Canada produced a breastfeeding information kit which was distributed to 50,000 health care professionals, paraprofessionals, and other interested parties. The kit was included in materials distributed by many INFAC locals throughout the country. (Health and Welfare Canada, 1980)

INFAC-US held a national conference of INFAC groups, Washington D.C. A Canadian representative attended the conference for purposes of information and resource exchange. Tentative plans were proposed for co-ordination of activities

between groups in Canada and the United States. (INFACT-Canada, February, 1980; INFACT, February 7, 1985)

(May)

INFACT-Kitchener hosted a conference for all groups or individuals in the area involved in the baby milk controversy. The purpose of the meeting was to bring the groups together for coordination and information sharing, resource exchange, and formulation of precise mission statements. An overarching goal was to educate groups regarding the importance of the upcoming WHO meeting to consider the International Code. (INFACT, February 6, 1985).

INFACT-Toronto staged a Mother's Mourning March against Nestle's headquarters in Toronto. Media was notified prior to the event and coverage appeared on the local newscast. (INFACT-Canada, July, 1980; INFACT, December 12, 1985; INFACT, January 15, 1985; INFACT, February 6, 1985; Nestle, February 12, 1985)

Nestle management in Toronto reported that the march had little impact. The company stated that the activists' unwillingness to come inside and discuss the issues negated their arguments that Nestle was not open to negotiation. (Nestle, February 12, 1985)

The World Health Assembly (WHA) released Resolution WHA #33.32 which directed the World Health Director General to report regularly on activities undertaken to improve infant and young child feeding. (WHO/UNICEF Notes, 1982)

(June)

INFACT-London sponsored a public meeting regarding the baby milk controversy. Health care professionals were especially targeted for attendance due to the integral part such people play in decisions about infant feeding. Organizers report that the meeting very successful. A number of professionals asked for follow-up information on how to encourage breastfeeding in their medical settings. (INFACT-Canada, National Meeting, 1980; INFACT, INFACT, January 3, 1985)

The second draft International Code of Marketing of Breastmilk Substitutes was completed by WHO and UNICEF. Officials from WHO worked in conjunction with health workers, governments, UN agencies, public interest groups and the industry to create the document. Copies were forwarded to concerned parties for their comments or revisions. (WHO/UNICEF Notes, 1982)

(July)

INFACT-Toronto started a supermarket leafletting campaign to educate consumers through leaflet distribution and meetings with management. Members reported vigorous response from the public and general cooperation from managers. (INFACT-Canada, July, 1980; INFACT, December 10, 1984; INFACT, December 12, 1984; INFACT, January 15, 1985)

INFACT-Canada's application for CIDA funding was approved. A one-time grant was to be forwarded to the coalition in two installments over the course of 12 months. (INFACT, November 20, 1984; INFACT, December 11, 1984; INFACT, February 7, 1985)

Nestle headquarters in Toronto, Ontario formed a speaker's bureau. Company employees were reportedly indignant over the way they were portrayed in the press. Negativity against the company was being generalized to include those who worked for Nestle. Concerned individuals went to the corporate spokesperson to offer their assistance. Thereafter, teams of speakers attended forums, group meetings, and debates. (Nestle, February 12, 1985)

(August)

The third draft of the International Code of Marketing of Breastmilk Substitutes was completed by the WHO and UNICEF. Officials from the organizations collaborated with health workers, governments, UN agencies, public interest groups and the industry to create the document. Copies were forwarded to concerned parties for their comments or revisions. (WHO/UNICEF Notes, 1982)

(October)

INFACT-London brought baby milk issues to the Ontario

Dieticians Association (ODA). Following a presentation by action group representatives, a task force was created to formulate an ODA position statement regarding the boycott. (INFACT-Canada, National Meeting, 1980; INFACT, January 3, 1985)

INFACT-Canada sponsored a national coalition meeting in Toronto, Ontario. Logistical problems were discussed regarding the difficulty involved in meeting as a large group. The decision was made to form a decision-making group (DMG). Members of the DMG would be appointed by INFACT-locals. The goal was to have representation by province or territory. Members would also be selected as a function of the skills and resources needed by the national coalition. (INFACT-Canada, National Meeting, 1980; INFACT-Canada, November, 1980)

INFACT-US hosted its national coalition conference in Washington, D.C. Canadian representation is sent to the conference for the purpose of resource exchange and information sharing. Tentative plans for co-ordination between groups in Canada and the United States were discussed. (INFACT-Canada, October, 1980; INFACT, February 7, 1985)

(December)

INFACT-Canada coalition meeting was held in Toronto, Ontario. Members considered the limitations of the national office being in Victoria, British Columbia. The decision was made to move offices to Toronto, Ontario. The logistical reason was that it would be easier to fly group leaders to meetings in Toronto. The strategic rationale was that being located in Toronto gave the group more ready access to media and governments. The move would also create effective contact with groups or organizations, and thus allow for expansion of the network. Relocation of the office was to take place over several months, with its completion to coincide with the end of the incorporation period in Victoria, British Columbia. At that time business pertaining to the national coalition would take place in Toronto. Until then, the INFACT-Canada office in Victoria continued to fulfill clearinghouse functions regarding information and resource exchange. (INFACT-Canada, October, 1980; INFACT-Canada, December, 1980; INFACT, November 20, 1984; INFACT, December 17, 1984; INFACT, February 7, 1985)

The WHO/UNICEF presented the final draft International Code of Marketing of Breastmilk Substitutes to the WHO Executive board for approval. (WHO/UNICEF Notes, 1982)

Representatives from local INFACT chapters attending the annual national conference of INFACT-Canada reported the following (INFACT-Canada, National Meeting, 1980):

INFACT
Victoria

As a result of concern with establishing a national network, local activities have suffered. They have concentrated on the development of materials. Also, hospitals have been approached regarding the routine distribution of gift packs of formula to new mothers. Restaurants which prohibit breastfeeding have been approached about changing these policies. They have shown films, had mall displays, speaking engagements, and inter-church seminars; there have been interviews on the media and work with the People's Food Commission. A project was carried out by a Social Studies teacher involving parents, trustees, and students who were studying Third World economies. There was a successful program in which the breastfeeding issue was used for the Vancouver Island Secondary Schools Debating Society in which 200 students made a study.

INFACT
Winnipeg

Boycott in Winnipeg co-ordinated through 10 Days for World Development, in cooperation with CUSO. They brought Dr. Allan Jackson from Jamaica and he successfully addressed groups of health professionals. They have held festivals and displays. After a lull when staff changed, they have regrouped. UNICEF, YWCA, and the Mennonite Central Committee are involved. A public meeting was held in May, and there is continuing response. They have a committee of six, which hopes to introduce the issue on the CBC French network.

INFACT
London

INFACT-London has a desk at the Cross Cultural Research Group, and has links with the Ontario Public Interest Association constituencies, where the issue was brought to the national convention and a task force was appointed to look at it. The Mennonite community is active. They are approaching hospitals and have prepared a list of Nestle products to present to them.

INFACT
Chatham

The Ursuline Mother House was successful in getting Beaver Foods to drop Nestle products.

INFACT
Toronto

Organizing activities in Toronto started by concentrating on the building of a coalition to develop a broad base. Toronto had two important assets: a

sponsoring organization and supportive staff person, and a volunteer acting in a staff capacity. During the first phase of the campaign, endorsements were sought and a steering committee was established. Literature displays were organized for public meetings, a newsletter was started, a speakers' bureau was organized, and films were shown. A supermarket campaign was begun in the summer, educating consumers through leaflet distribution, and meeting with management.

IBFAN, through its participant groups, documented continued refusal of the industry to halt aggressive promotion. This behavior by the industry reportedly led groups in Britain, Sweden, and Germany to take up the Nestle boycott during 1980 and 1981. (IBFAN, 1982; International Conference, 1984)

The ICIFI code of marketing ethics drawn up by industry was put in place in the Third World. Nestle reported that the code was used as a framework for several national codes, under consultation with industry representatives. (McComas et al., 1983; Nestle, February 12, 1985)

Lesotho drafted a national code based on the WHO/UNICEF model. (IBFAN, 1982)

Sri Lanka introduced legislation banning mass media advertising of formula products. (IBFAN, 1982)

The infant food industry attempted to use an Indian paediatrician to introduce a weak, industry-drafted code into a government sub-committee which is developing an appropriate code for India. The attempt was foiled by quick action on the part of Consumer Guidance Society of India (CGSI), and the WHO/UNICEF model was used in further discussions. (IBFAN, 1982; International Conference, 1984)

**1981: INFAC-Canada lobbied in Geneva,
IBCOCO created, "Nestlegate" exposed,
International Code adopted**

(January)

INFAC-Canada representatives lobbied the WHO Executive Board in Geneva for the adoption of the International Code. Individuals went in order to educate delegates at the Board about circumstances which led to the need for a code, to counter industry attempts to have a weaker code approved, and to procure formal nongovernmental organizational (NGO) status for groups of the movement. Formal NGO status allows greater freedom in moving about the Assembly, and greater access to delegates. (INFAC, December 17, 1984; INFAC, January 16, 1985; INFAC, January 17, 1985)

Industry lobbied the WHO Executive Board in attempts to bring about a less strict version of the International Code. The current draft was said to not be workable and to contain too many restrictions. (INFAC, In Their Own Words, 1981; IBFAN, 1982)

The Washington Post newspaper revealed a confidential Nestle memo which outlined the company's strategy to deal with the boycott and the international campaign. The memo showed that the company intended to depend on better public relations efforts, including the use of third party spokespersons and conservative "think-tanks" to defend its activities. (Landsberg, 1981)

The WHO Executive Board approved the final draft of the International Code and the document is forwarded to the World Health Assembly for adoption. (WHO/UNICEF Notes, 1982)

(February)

INFAC-Victoria and INFAC-Canada are separated in terms of duties and roles. The local chapter concentrated on raising awareness in the Victoria area about the baby milk controversy. The national office continued to function as a clearinghouse for requests and inquiries coming from around the country. (INFAC-Victoria, INFAC-Canada, February, 1981; INFAC, November 20, 1984; INFAC, February 7, 1985)

(March)

United States infant formula companies vigorously lobbied the United States government to vote against the Code when it came before the World Health Assembly in the coming month of May. (INFACT, In Their Own Words, 1981; IBFAN, 1982)

(April)

INFACT-Canada and Nestle debated before the Toronto Board of Health. Board members deliberated on a resolution to endorse the boycott. The resolution was ultimately adopted. (INFACT, November 20, 1984; INFACT, December 10, 1984; INFACT, December 12, 1984; INFACT, January 15, 1985; IBFAN, 1982)

IBFAN published another in a series of reports on promotional activities of the industry in developing countries. The total number alleged violations of the WHO/UNICEF recommendations was reported to have reached over 1000 since the October 1979 joint meeting. (IBFAN, 1982; IBFAN, January 17, 1985)

(May)

INFACT-Chatham made a presentation to the National Executive Meeting of the Canadian Religious Conference. The presentation contained information regarding the history of the controversy between industry and citizens. The need to support the creation of an International Code was stressed. (INFACT-Canada, National Meeting, 1981)

INFACT-Vancouver was founded. (INFACT-Canada, National Meeting, 1981)

INFACT-Toronto staged another Mother's Mourning March on Nestle headquarters in Toronto. (INFACT, December 12, 1984; INFACT, January 15, 1985; Nestle, February 12, 1985)

INFACT-Northwest Territories reported having received a substantial grant to study health education. The topic of the research was to be infant nutrition among Inuits. (INFACT-Canada, National Meeting, 1981)

IBFAN held its first international congress with 90 participants from 40 countries. Member organizations in the network reaffirmed their commitment to keep up the pressure on infant food and bottle manufacturers and to work for the implementation and effective monitoring of the WHO Code. (IBFAN, May, 1981; IBFAN, January 17, 1985)

At the time of the congress, a co-ordinating council (IBCOCO) was created. The IBCOCO consisted of the International Organization of Consumers' Unions (IOCU), INFAC-US, the Interfaith Center for Corporate Responsibility (ICCR), the Geneva Infant Feeding Association (GIFA), War on Want (WOW), and six regional representatives. The six regions were Latin America, North America, Europe, Africa, Middle East, Caribbean, and Asia. The IBCOCO would make major position decisions about matters which would affect the entire network, monitor budgetary matters relating to the network as a whole, and co-ordinate regional activities. Regional representatives would be responsible for local clearinghouse needs, fundraising involving the region, project development, networking, and monitoring the progress of national legislation to implement the International Code. (Frankford, 1981; IBFAN, May, 1981; IBFAN, Regional Representatives' Meeting, 1981; IBFAN, January 17, 1985)

IBFAN held a press conference in which they cited over 200 cases of alleged violations of the WHO Recommendations. (IBFAN, 1982)

ICIFI member companies investigated the allegations. Their report stated that only 15 of the complaints could be substantiated as having involved products by member companies. The remaining reported infractions either could not be verified or they involved companies which were not a part of ICIFI. (The ICIFI represented about 85% of the infant formula sales in developing countries.) (McComas et al., 1983; Nestle, February 12, 1985)

The World Health Assembly overwhelmingly approved the final draft of the International Code of Breastmilk Substitutes. The vote was a rare occasion when a roll call vote was used. Final count was 118 delegates in favor of the Code, 1 against (United States), and 3 abstentions (Japan, South Korea, Argentina). In casting its dissenting vote the US delegation expressed concerns about the precedent being set. Delegates believed that decisions regarding policy-making were being taken from the hands of national governments and placed into the hands of international organizations. (WHO/UNICEF, 1981; WHO/UNICEF Notes, 1982; ICCR, 1982; IBFAN Notes on WHA, 1983; INFAC, December 17, 1984; INFAC, January 16, 1985; INFAC, January 17, 1985; Nestle, February 12, 1985)

Nestle announced its support to the aims and spirit of the International Code. The company also stated that it had instructed all managers to cooperate in the development of national codes to implement the WHO Code. (Infant Feeding, 1983; McComas et al., 1983; Nestle, February 12, 1985; Nestle, February 25, 1985)

CANES Shareholder Assembly of Nestle shareholders was held in Switzerland. Participants in the Assembly challenged the ethics and morals with which Nestle marketed infant formula in the Third World. (IBFAN Action Pack, 1982)

"The Breast or the Bottle?", a documentary aired by Thames television in the United Kingdom, was filmed in Kenya in April, 1981. The film showed that industry promotion was still highly visible. (IBFAN, 1982)

(June)

Nutricia, based in the Netherlands, and the United Kingdom-based Cow and Gate pulled out of ICIFI. The companies reportedly left the organization in protest over the way the industry group had lobbied the May World Health Assembly. (IBFAN, 1982; Milestones, 1983)

The United States Senate and Congress passed resolutions which expressed dismay over the US vote against the International Code at the WHA. (IBFAN, 1982; INFAC, December 17, 1984; IBFAN, January 17, 1985)

(July)

INFAC-Canada changeover of the national offices to Toronto, Ontario was completed. The Toronto office at that point handled all roles and duties, including the clearinghouse functions previously served by the office in British Columbia. (INFAC-Canada, INFAC-Victoria, February, 1981; INFAC-Canada, June, 1981; INFAC, November 20, 1984; INFAC, February 7, 1985)

INFAC-US held its national conference. No record was available regarding whether a Canadian representative was sent to this meeting. (INFAC-Canada, June, 1981)

The WHO/UNICEF issued explanatory notes regarding the provisions of the International Code. These notes were sent to representatives from UN agencies, governments, and the infant foods industry. (NIFAC Quarterly Report #2, 1982; WHO/UNICEF, 1982)

(August)

Mozambique announced the demarketing of artificial infant milks through the introduction of a system of government distribution. The government set the import quotas, and bought the milks by tender at the lowest possible price, and labelled the containers with appropriate warnings and messages regarding misuse. (Mozambique, 1982; IBFAN, 1982)

(September)

INFACT-Toronto staged a Labor Day March down Yonge Street in Toronto, Ontario. (INFACT, December 10, 1984; INFACT, December 12, 1984; INFACT January 15, 1985)

INFACT-Canada's applied for incorporation in Ontario. Incorporation provided the organization with the same protections against legal action as in British Columbia. (INFACT-Canada, March, 1981; INFACT, November 20, 1985)

Nestle completed its takeover of Stouffers Foods. The product line was added to the boycott list. (INFACT, December 11, 1984; INFACT, December 12, 1984; Nestle, February 12, 1985)

(October)

INFACT-Toronto organized a debate between members of the action group and representatives of Bristol-Meyers. The debate was televised on a local network. (INFACT, December 12, 1984; INFACT, January 15, 1985)

INFACT-Canada's application for incorporation was approved. A charitable number still was not awarded because of the organization's politically active stance. (INFACT-Canada, 1981; INFACT, November 20, 1983; INFACT, February 7, 1985)

The European Parliament approved a resolution which endorsed the WHO/UNICEF code. The Parliament called for a community-wide directive to ensure its uniform application in European countries. A possibility was discussed of sanctions against firms which fail to comply with the Code's provisions. (IBFAN, 1982: NIFAC Press Conference, October, 1982)

(November)

INFACT-Winnipeg organized a public meeting to coincide with the INFACT national conference. The guest speaker, Dr. Elizabeth Hillman, was a professor of paediatrics as well as having been the former Secretary of the Kenya Paediatric Association. She spoke about her experiences in the Third World, especially as they related to consequences of bottle feeding. (INFACT-Canada, National Meeting, 1981; INFACT, December 12, 1985; INFACT, December 17, 1985)

INFACT-Canada national coalition meeting held in Winnipeg, November 6-8. Workshops were held on dealing with Nestle, the role of multinational corporations in decisions about daily living, and local organizations and direct action strategies. (INFACT-Canada National Meeting, 1981; INFACT-Canada, November, 1981; INFACT-Canada, June, 1981.)

Trinidad and Tobago adopted the WHO/UNICEF code as a voluntary measure, almost in its entirety. Labelling provisions are binding by law. (IBFAN, 1982)

The 30,000 member American Public Health Association endorsed the Nestle boycott. (INFACT, National Meeting, 1981; INFACT, February 7, 1985)

(December)

Ministry of Health, British Columbia wrote to hospitals encouraging implementation of the WHO Code, especially in regard to policies which would promote breastfeeding. (INFACT-Canada, National Meeting, 1981)

Local representatives to the National Conference of
INFACT-Canada report (INFACT-Canada, National Meeting, 1981):

- Newfoundland An INFACT chapter has yet to be organized but individuals, particularly connected with some of the hospitals, have been doing a great deal of speaking. A survey has been completed on the free sampling in hospitals across the province and there are plans to reach out into Labrador where breastfeeding rates are very low.
- INFACT Toronto They have received a good deal of publicity associated with a march that was held in May. The INFACT-Toronto group has had another supermarket leafletting campaign and has had contacts with local hospitals regarding samples. The Toronto City Council and the Toronto Board of Health have both endorsed the Nestle boycott.
- INFACT Winnipeg A small but strongly committed local INFACT group has done much public speaking and conducted workshops with local church groups. These have resulted in some good coverage in the local media.
- INFACT Victoria Their local INFACT group is involved in increasing membership and has been sponsoring letter-writing campaigns to the minister of Health regarding the adoption of the Code in British Columbia.

**1982: INFACT-local activities intensified,
IBFAN Action Pack completed,
NIFAC created**

(January)

A report published by Zimbabwe Ministry of Health calls Nestle's marketing policies inappropriate for Zimbabwe. (Zimbabwe, 1982)

WHO Executive Board rejected application by ICIFI for official relations as a non-governmental organization. (IBFAN, 1982: Milestones, 1983)

(February)

INFACT-Newfoundland fostered breastfeeding promotion among the Inuit of Labrador. Members advocated at policy-making levels with health care officials in hospitals and government. Their goal was implementation of the WHO Code in Northern Canadian hospitals. (INFACT-Canada, February, 1982)

INFACT-Vancouver initiated a letter writing campaign to hospitals throughout the province. Members reported a total of 120 administrators were written encouraging International Code implementation. (INFACT-Canada, National Meeting, 1982)

INFACT-Canada selected new National Co-Ordinator, created a support group for Co-Ordinator. The group provided moral support to the Co-Ordinator to facilitate the completion of her duties. In addition, Support Group members used personal and network contacts to acquire needed resources and/or information. (INFACT-Canada, February, 1982; INFACT, December 12, 1984; INFACT, December 20, 1984)

INFACT-Canada sent its National Co-Ordinator as the North American Representative to IBCOCO meeting in London, England. Her report to the organization includes information about the structure of IBFAN, the network's objectives and goals to attain them, and the role of the North American Representative in the functioning of the network. (INFACT-Canada, February, 1982; Bennet-Alder, 1982; INFACT, November 20, 1984; INFACT, December 11, 1984; INFACT, December 12, 1984; INFACT, January 16, 1985)

IBCOCO meeting, 24-27 February, London, England. Main points on the agenda were: reports from regional representatives and core organizations of IBFAN, financial report, the Nestle boycott, global strategies, working groups on the feminist perspective, after 1983, marketing infant health -- skills needed, and a plenary session summarizing all the points raised over four days of the meeting. (Bennett-Alder, 1982; IBFAN, February, 1982; IBFAN, January 17, 1984)

The members agreed to the overall goals and strategies to promote breastfeeding and to stop promotion of commercial infant food. These were to be accomplished by 1) raising public awareness of the positive value of breastfeeding, and the need

for improved social support systems, 2) ensuring the implementation of infant food marketing legislation at national level, 3) coordinating campaign which put direct economic and social pressure on infant food manufacturers, and 4) creating a network of non-governmental organizations (NGO's) trained in the skills necessary to bring about change in the practices of transnational corporations. (Bennet-Alder, 1982; IBFAN, February, 1982; IBFAN, January 17, 1984)

IBFAN published Action Pack to assist groups and organizations working to implement and monitor the WHO Code. The Pack is distributed in three languages (English, French, Spanish). (IBFAN Action Pack, 1982)

(March)

INFACT-Winnipeg met with the Ministry of Health to discuss Code implementation. (INFACT-Canada, National Meeting, 1982)

Nestle publicly announced its commitment to the aims and principles of the WHO Code. To demonstrate its sincerity, the company issued Instructions to its field personnel. These guidelines unilaterally implemented the provisions of the WHO Code. They were to be applied in all countries where no national code existed or where consultations on a code were not then in progress. (Nestle, Instructions, 1982; NIFAC Quarterly Report #1, 1982; NIFAC Quarterly Report #5, 1983; Nestle, February 12, 1985)

INFACT Canada mailed 60 press releases to endorsers encouraging them to continue support of the boycott. The letter stressed that the pressure should not be lifted until the WHO Code was implemented in Canada as well as in developing countries. The newly issued Nestle Instructions were declared unacceptable. INFACT stated that the guidelines were filled with loopholes that allowed aggressive promotion to continue basically unchanged. Boycotters also contended that the Instructions applied to very few of Nestle's major markets. (INFACT-Canada National Meeting, 1982; INFACT, December 11, 1984)

Windsor City Council voted to endorse the Nestle boycott. (INFACT-Canada, National Meeting, 1982)

(April)

American Home Products adopted its own code which the company

characterized as symbolic endorsement of the WHO Code's intent. (Milestones, 1983)

(May)

INFACT-Canada launched a direct-mailing fundraiser. Fourteen thousand letters were mailed to individuals, groups, and organizations throughout the country. The letter was over the signature of June Callwood. (INFACT, December 11, 1984)

CANES Shareholders Assembly of Nestle, Switzerland, challenged the ethics and morals of Nestle. (IBFAN Action Pack, 1982)

Nestle announced the creation of the Nestle Infant Formula Audit Commission (NIFAC), in accord with Article 11.3 of the International Code. The NIFAC mission was "to apprise the Company of any problems it discovers in...its application of the WHO or National Codes" (NIFAC Charter, 1982, p. 1). NIFAC was composed of a Chairperson and nine other individuals. The Chairperson, Senator Edmund S. Muskie, was appointed by Nestle. Senator Muskie was selected, the company states, because of his reputation for being "unbuyable". Selection of the remaining members was left to the Senator. The objective was that the Commission should reflect a cross-section of groups and organizations involved in the controversy. That stipulation included organizations who were official endorsers of the boycott. (NIFAC Press Conference, May, 1982; NIFAC Quarterly Report #1, 1982, 1982; Nestle, February 25, 1985; Nestle, April, 15, 1985)

Nestle and the Commission were adamant about the body's independence. Nestle funded the Commission's operation by way of block grants. Half the members themselves received no salary at all. Those who did reportedly donated that sum to a preferred charity. Senator Muskie received payment on a fee-for-service basis. Members of the Commission went on to say that they were empowered to investigate all elements affecting how Nestle lived up to its publicly stated commitments to comply with the WHO Code. To accomplish this objective the Commission established specific procedures to deal with complaints of violations. The process necessarily involved obtaining the company's response to allegations of impropriety. However, commissioners stressed that there were also provisions for verification and cross-checking for accuracy. (NIFAC By-laws, 1982; NIFAC Charter, 1982; NIFAC Quarterly Report #1, 1982, 1982; NIFAC Press Conference, 1982; Infant Feeding, 1983; McComas et al., 1983; Nestle, February 25, 1985; Nestle, April 15, 1985)

Citizens were reportedly cynical about the role of NIFAC. The Commission was viewed as a Nestle public relations tool designed to mask the lack of substantial policy changes. Accusations were made regarding conflict of interests. NIFAC's operation was funded by Nestle. Activists believed—that this fact was sufficient to negate any claims the body made to independence from corporate influence. (INFACT-US, 1982; INFACT, 1983-1984, pp. 4-5; INFACT, November 20, 1984; INFACT, December 10, 1984; INFACT, December 11, 1984; INFACT, December 12, 1984; INFACT, December 12, 1984; INFACT, December 12, 1984; INFACT, January 3, 1985; INFACT, January 15, 1985; INFACT, January 16, 1985; INFACT, February 6, 1985; INFACT, February 7, 1985; INFACT, February 18, 1985; INFACT, March 19, 1985; Nestle, February 12, 1985; Nestle February 25, 1985; Nestle, April 15, 1985)

WHO/UNICEF published Notes explaining the International Code and its provisions. These notes were forwarded to health workers, representatives from UN agencies, governments, public interest groups and consumer organizations, and the infant food industry. (WHO/UNICEF Notes, 1981)

(June)

INFACT-Regina was created. (INFACT, February 18, 1985)

INFACT-Canada completed a direct mailing regarding the need for Code implementation in Canada. The information included an explanation of the WHO Code and an analysis of its implementation in the Canadian milieu. (INFACT-Canada, June, 1982; INFACT, December 11, 1984)

INFACT-Canada chose a new North American Representative to IBCOCO, appointed a Canadian representative to the INBC. (INFACT-Canada, June, 1982; INFACT, December 11, 1985; INFACT, December 17, 1985)

INFACT-Canada decided against joining the INFACT-US tactic of community organizations. The tactic was considered incompatible with the style of the Canadian response. Also, members believed that the coalition did not have the infrastructure needed to sustain the tactic. A further complication was that funds to hire the organizer would have been difficult to obtain. Plans were proposed to learn from an organizer by inviting a community volunteer who had participated in the training to speak in a workshop. (INFACT-Canada, June, 1982; INFACT, November 20, 1984; INFACT, December 17, 1984)

INFACT-US launched a new campaign of systematic organization of large cities to increase grass-root support for the boycott. Nineteen American cities were targeted, as well as Toronto, Ontario. (INFACT-Canada, June, 1982; INFACT-Canada National Meeting, 1982; Johnson, 1984)

(August)

NIFAC submitted to Nestle a set of comprehensive recommendations for changes in the company's Instructions to field personnel. These recommendations were made in order to bring the Instructions more in line with the provisions of the WHO International Code. (NIFAC Quarterly Report #1, 1982; Nestle Instructions, 1982; Nestle, February 12, 1985; Nestle, February 25, 1985; Nestle, April 15, 1985)

(September)

INFACT-Vancouver made contact with a coalition from the Phillipines. Members of the group were working with their Pacific counterparts to develop projects to promote breastfeeding and press for creation of a national code. (INFACT-Canada, National Meeting, 1982)

INFACT-Canada selected new decision-making group. (INFACT-Canada, September, 1982)

IBFAN, in conjunction with UNICEF and the International Organization of Consumers' Unions (IOCU), sponsored a regional conference to promote breastfeeding in Southeast Asia (Manila), 27-30 September, 1982. The workshop reviewed existing conditions related to breastfeeding promotion through country reports given by participants. Workshops were held on changing hospital routines, mother-to-mother breastfeeding counselling, coalition building, Code advocacy, monitoring, code drafting and company campaigns. National delegations developed plans of action for their respective countries on the basis of existing conditions, available resources and perceived needs. (Clement, 1983)

NIFAC accepted the revisions made by Nestle as sufficient to bring the company's Instructions into compliance with the International Code. Nestle stated that the revised Instructions were being issued in order to "eliminate even the faintest possibility of confusion as to the intent and application of the

Instructions" (Nestle Instructions, 1982, p. 1) (NIFAC Quarterly Report #1, 1982)

NIFAC issued its First Quarterly Report, for the period ending September 30, 1982. The report told how rules of operation for the Commission were set in place, the lack of specific allegations on which the Commission could base an investigation. Company stated that in the absence of complaints amenable to examination using the established procedures, the Commission had turned its attention to the Nestle Instructions. Recommendations to clarify the document were submitted to the company. Nestle revised its policies accordingly. (NIFAC Quarterly Report #1, 1982, 1982; NIFAC Press Conference, October, 1982)

(October)

INFACT-Toronto staged "Breast is Best" rally outside Nestle headquarters. Despite the reasonable turnout, group members reported that attendance to the rally was down from that of previous years. Metro Organized to Help Educate Research and Support Breastfeeding (MOTHERS) coalition formed as a spinoff from a city hall seminar on "Infant Formula vs Mother's Milk. Group had six long-range goals designed to support and encourage breastfeeding. (INFACT, December 12, 1985; INFACT, December 12, 1985; INFACT, January 15, 1985)

INFACT-Winnipeg reported having launched a supermarket leafletting campaign. Meetings had also been arranged with the Ministry of Health to discuss WHO Code implementation in Manitoba. (INFACT-Canada National Meeting, 1982; INFACT, December 17, 1984)

INFACT-Canada sponsored National Nestle Boycott Weekend Activities were geared to spread awareness about the boycott, encourage organizational endorsement, and explain the need for WHO Code implementation in Canada. (INFACT, December 11, 1984; Resource Kit, 1984)

The INBC and ICCR released to the public 60 alleged violations by Nestle of the WHO Code. The INBC stated great dissatisfaction with NIFAC's process for handling complaints. Members stated that the procedure was too lengthy, requiring months to address the most flagrant violations. The organizations again called Nestle to negotiate with the activists to bring about change in the company's marketing policies and, thereby, an end to the boycott. (NIFAC Quarterly Report #2, 1982)

NIFAC press conference was held regarding its second quarterly report. The conference dealt with Nestle's revised Instructions and the resignation of Bishop Ramirez from the Commission. Senator Muskie read a statement from the Bishop which said that his departure from NIFAC was caused by his promotion within the church. This statement was issued in reaction to rumors that the Bishop had resigned due to disapproval over the way the Commission was operated. (NIFAC Press Conference, October, 1982)

Nestle responded to questions regarding Code implementation in Europe. Dr. Carl Angst, General Manager, stated: "The Parliament in Strasbourg decided...to elaborate their own code in order to implement the original objectives [of the WHO Code]...To the best of my knowledge...it is a good code and strictly in line with paragraph 11.1 of the WHO Code, literally" (NIFAC Press Conference, 14 October, 1982, p. 18).

Nestle issued its Revised Instructions to field personnel. Seminars were held with company managers around the world. The Instructions were explained and differences between these and previous guidelines were pointed out. Nestle reported that regional managers were told that central management would assume responsibility for any drop in sales as a result of implementation of the Instructions. (Nestle Instructions, 1982; NIFAC Press Conference, October, 1982; NIFAC Quarterly Report #2, 1982)

(November)

INFACT-Canada national coalition meeting was held in Toronto, Ontario. Participants discussed a Nestle boycott update, the role of INFACT in the broader picture of Canadian social justice, WHO Code implementation in Canada, and the impact of multinational corporations on daily living. Workshops were held on local organizing and a holistic approach to breastfeeding. During this meeting members decided to conduct a nation-wide survey of Code implementation in Canada. (INFACT-Canada, National Meeting, 1982; INFACT, December 17, 1984; INFACT, March 19, 1985)

INFACT-Canada public meeting is held in conjunction with the national coalition meeting. The Toronto Street Theater presented a skit graphically representing the problem of formula promotion in the Third World. Speaker Ed Baer (Interfaith Center on Corporate Responsibility) gave a speech entitled, "A Revolution in a Small Slice of Life." He spoke on the history of the concern about formula promotion and the role played by the INFACT coalition. (INFACT-Canada, National Meeting, 1982)

The INBC, ICCR, and NIFAC met in a day-long session. The three groups discussed their respective viewpoints in terms of the history of the baby milk controversy. Members reached an agreement to use NIFAC procedures for processing complaints of alleged violations of the WHO Code. The INBC then submitted to NIFAC the allegations released previously during the press conference in October. (NIFAC Quarterly Report #2, 1982; INBC, December 19, 1984; Nestle, February 25, 1985; Nestle, April 15, 1985)

IBFAN, in collaboration with UNICEF, sponsored a regional conference on breastfeeding in East Africa (Nairobi, Kenya), 17-22 November, 1982. The workshop focussed on a review and analysis of the International Code and on discussions of problems encountered in breastfeeding promotion work. Participants developed a series of recommendations in support of the Code, monitoring company marketing practices, conducting research on effects of artificial feeding and regional IBFAN coordination. Tentative national plans were also drafted (Clement, 1983). (IBFAN (A), 1984)

(December)

The NIFAC received Nestle's comparison between the International Code and the Instructions to Personnel revised in October. The company wanted to assure its critics and the Commission that these guidelines were indeed in direct compliance with the WHO Code. (NIFAC Quarterly Report #2, 1982)

The Nestle Infant Formula Audit Commission (NIFAC) released its second quarterly report, for the period ending December 31, 1982. Information of the November meeting between NIFAC, INBC, and ICCR was included. The Commission also announced its intention to conduct fact-finding tours to determine Nestle's compliance to the WHO Code in the field. (NIFAC Quarterly Report #2, 1982)

IBFAN and UNICEF sponsored a regional breastfeeding conference in the Caribbean (Port-of-Spain, Trinidad). (Caribbean Conference, 1982)

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In Newfoundland, the Ministry of Health wrote to hospitals around the province. The letter encouraged administrators to implement the WHO Code, especially in regard to promotion of breastfeeding. (INFACT-Canada National Meeting, 1982; INFACT, March 19, 1985)

The WHO Executive Board rejected ICIFI application for official non-governmental organization status. (Milestones, 1983)

**1983: INFACT-locals targeted Taster's Choice.
INFACT-Canada conducted Code implementation
survey, NIFAC conference on breastfeeding,
IBFAN Action Pack published, INBC
identified four points Nestle
must clarify**

(January)

NIFAC fact-finding tour conducted to the Philippines, Singapore, Indonesia, Malaysia, and Hong Kong (January 6-20, 1983). Findings were: 1) in the Philippines, breastfeeding was high (90%) in rural areas but much lower in urban areas. Nestle representatives indicated that they strictly adhered to the revised Instructions. 2) in Singapore Nestle was cooperating with the Training and Health Education Department and the Ministry of Health on a booklet for mothers. 3) in Indonesia medical professionals had difficulties interpreting some provisions of the Code, but they had discontinued sampling and were emphasizing nutritional principles and education. 4) in Malaysia most mothers breastfed only while in hospital. Nestle representatives have been instructed to abide by the WHO Code and the revised Instructions and are promoting breastfeeding. 5) in Hong Kong health professionals acknowledge that breastfeeding is essential, but state that there are many working mothers. They only breastfeed for a limited period, usually until they must return to work. (Fareed, 1983; Nestle, February 25, 1985; Nestle, April 15, 1985)

Senator Muskie, Chairperson of NIFAC, met with WHO officials to discuss problems involved in Nestle implementation of the

International Code. Clarification of ambiguities in the Code were also requested in this meeting. (NIFAC Quarterly Report #3, 1983)

The Co-ordinating Council for IBFAN (IBCOCO) met in Geneva. Participants identified the needs of the network in terms of: organizational structure, regional representation, resource allocation. Preliminary work was done on job descriptions for Council members and regional representatives. (IBFAN, January 17, 1985)

(February)

INFACT-Canada decided to support the Taster's Choice campaign begun in United States. INFACT-locals picked up the strategy and started to collect signatures. The petitions called on Nestle to end aggressive marketing in developing countries. All the signatures were to be delivered to Nestle officials at the 1983 meeting of the WHA (Geneva). (INFACT-Canada, January, 1983; INFACT, November 20, 1985; INFACT, December 11, 1985)

INFACT-Canada compiled responses to the WHO Code Implementation Survey. Although the return rate was only moderate, general trends were identified: 1) that hospitals under federal jurisdiction (e.g., in Northern Canada) reported the greatest effort at implementation, and 2) that provincial hospitals tended to be sporadic in terms of application of the Code to their policies. INFACT-Canada, Code Survey, 1983; INFACT, December 17, 1984; INFACT, March 19, 1985)

NIFAC commissioners conducted two different fact-finding tours. The first was of Tanzania, Thailand, Singapore, Kuala Lumpur, and Malaysia, February 3-19, 1983. The commissioner reported his general impressions: 1) There was a high consciousness in all countries about the superiority of breastfeeding, the adoption of the WHO Code or a national code, the need for industry monitoring. Countries were seeking ways to produce national infant formula and food supplements. 2) The infant formula problem is basically an urban one. Breastfeeding is being promoted but after three months mothers return to work. Some form of food supplement is necessary. 3) Health professionals stated to the commissioner, "We are aware of the issues that must be dealt with, but we'd like to handle them in our own way. What we need is reasonably priced good quality infant formula." (Andersen, 1983; Nestle, February 25, 1985; Nestle, April 15, 1985)

Another commissioner travelled to Nigeria, Ghana, Kenya, and Zimbabwe, February 13 to March 2, 1983. He reported: 1) Ubiquitous public health and nutritional problems underscored the opinion of many of the health professionals that while breastfeeding is best in most instances, there are always some cases where high quality infant formula can make a positive contribution. 2) Overwhelmingly majority of mothers breastfeed, and those who use bottlefeeding do so only while away at work. Public breastfeeding obviously accepted nearly everywhere. 3) Not very many ordinary citizens were much aware of the controversy over infant formula. (Wogaman, 1983; Nestle, February 25, 1985; Nestle, April 15, 1985)

(March)

Meeting of full INBC took place in Washington D.C. Discussion centered on the status of Nestle compliance with the Code. Members reviewed implementation in their respective countries as well as in the Third World. (INBC, December 19, 1984)

NIFAC issued the Third Quarterly Report, for the period ending March 31, 1983. The report told how the Commission broadened its base of information through conducting fact-finding tours, meetings with WHO officials (January, 1983), and preparation for a conference on breastfeeding and infant nutrition. Quarterly Report #3 concluded with a statement that the complaint analysis procedures were a valuable tools. Ambiguities in the WHO Code and inconsistencies in Nestle compliance could be highlighted through this form of investigation. (NIFAC Press Conference, April, 1983; NIFAC Quarterly Report #3; Nestle, February 12, 1985; Nestle, February 25, 1985; Nestle, April 15, 1985)

(April)

INFACT-Canada supports the extension of the Taster's Choice campaign. INFACT-locals continue efforts to gather signatures in local communities. (INFACT-Canada, National Meeting, 1983)

INFACT-Canada removed from the boycott list four subsidiaries sold by Nestle to another company: Gusto Pizza, Swiss Knight, Wispread, Old Oxford, and Cherry Hill. (INFACT, December 11, 1984; Nestle, February 12, 1985)

NIFAC press conference held on 21 April 1983. The Commission answered questions from the media regarding the procedure for processing complaints, results of the fact-finding tours, the issue of "supplies" versus "samples", and the amount of time required to implement policy changes in the field. (NIFAC Press Conference, April, 1983)

A commissioner from NIFAC conducted site visits to several locations in the South Pacific (New Zealand, Fiji, Tonga), April 12-30, 1983. Results of her observations were that, 1) the infant formula issue is "lukewarm", but the ratification of the WHO Code has brought new efforts to promote breastfeeding; 2) WHO Code was a catalyst which galvanized governments to review health care policies; 3) the people of the South Pacific were neither aware of boycotting groups nor of the Commission (Mata'afa, 1983). (Mata'afa, 1983; Nestle, February 12, 1985; Nestle, February 25, 1985; Nestle, April 15, 1985)

United Methodists' debate continued regarding whether or not to endorse the Nestle boycott. The two quasi-independent governing boards of the church held different opinions. One faction believed that Nestle had met all the boycott aims and that the boycott was therefore unnecessary. The other faction insisted that the company had not fundamentally restructured its policies, although some superficial changes had been made. This second board believed that the boycott should continue. (United Methodist Task Force, 1982; United Methodist News, 1984; INFACT, November 20, 1985; Nestle, February 12, 1985)

IBFAN, UNICEF, and the International Organization of Consumers' Unions (IOCU) conducted a fact-finding tour of the Middle East (Yemen Arab Republic, Qatar, United Arab Emirates, Bahrain, Kuwait, Saudi Arabia, Sudan, Egypt), March and April, 1983. The objective was to lay the groundwork for future work in the Middle East, including regional workshops. The focus was on the general infant feeding situation, the marketing of breastmilk substitutes, the status of health care system practices, and the state of national and regional legislation relating to infant feeding. (Clement, 1983)

IBFAN and UNICEF sponsored a regional conference for the promotion and protection of breastfeeding in Latin America (Lima, Peru), 21-24 April, 1983. The workshop focussed on the socio-economic context of infant feeding, infant immune systems and international networks. There were country reports on the prevalence of breastfeeding, breastfeeding promotion campaigns, legislation, infant milk marketing, and relevant action groups. Working groups discussed strategies relevant for Latin America. A

panel discussion dealt with the topic of breastfeeding and women's rights. (Clement, 1983)

IBFAN, jointly with UNICEF, sponsored a regional conference in South Asia (New Delhi, India), 23-27 April 1983. Health and economic costs of bottlefeeding were discussed. Background on the WHO Code and other international efforts to promote and protect breastfeeding was presented. Information was exchanged regarding data on infant feeding practices and baby milk marketing, with particular emphasis on India. (IOCU, 1983)

(May)

INFACT-Manitoba sent mailings to provincial government officials regarding the need for WHO Code implementation. Results of the recent survey conducted through INFACT-Canada were included in the packets. (INFACT-Canada National Meeting, 1983; INFACT-Canada, Code Survey, 1983)

INFACT-Canada conducted a direct-mail fundraising effort. The information sent included facts about the boycott and the status of WHO Code implementation in Canada. Results of the Code implementation survey were sent to provincial and federal governments. (INFACT-Canada Code Survey, 1983; INFACT-Canada National Meeting, 1983; INFACT, December 11, 1984)

The INBC met in Gex, France for a strategy conference. Items on the agenda included an analysis of how boycotters are dealt with by Nestle, international co-ordination of activities, regular information exchanges, reaffirmation of the INBC role to negotiate with Nestle, and what to do if the boycott were terminated. (INBC Gex Meeting, 1983; INBC, December 19, 1984; INBC, December 20, 1985)

The Co-ordinating Council for IBFAN (IBCOCO) met in Gex, France. Job descriptions were finalized for Council members and regional representatives. Regional boundaries were broken down into: North America, Latin America, South America, East Africa, West Africa, East Asia, South Asia, the Middle East, and the Caribbean. (IBFAN, January 17, 1985)

IBFAN commentary on the International Code was published. Industry codes (ICIFI and Nestle's Instructions to Field Personnel) were compared to the International Code. Apparent loopholes and discrepancies were pointed out. (IBFAN, Between the

Lines, 1983; IBFAN, Europe A-Z, 1983; IBFAN Commentary, 1983; IBFAN, December 17, 1984; Nestle, February 12, 1985; Nestle, February 25, 1985)

The 36th World Health Assembly (WHA) was held in Geneva. At this time, the WHO Code was to have been reviewed and revisions suggested. However, the statement issued from the Assembly read: "In the light of the... information contained in the progress report to the 35th WHA concerning implementation of the International Code, and in the absence of suggestions from Member States for change in the text of the Code, the Director General considers that it would be premature, at this time, to propose any revision of the International Code either in its form or content" (IBFAN Report on WHA, 1983, p. 6). (IBFAN, January 17, 1985)

The Geneva Infant Feeding Association (GIFA) cooperated with representatives from INFAC groups around the world to deliver the Taster's Choice petitions. Signatures came from 38 countries, and numbered approximately 112,000. Groups in the United States collected 75,000 names, and Canadian groups contributed another 20,000. The petitions were placed in a baby carriage and wheeled to the steps of the Nestle building in Geneva. Activists waited there until company officials came out and then the pram was handed over to them. Delivery of the petitions was timed to coincide with the WHA meeting to decide revisions for the International Code. (IBFAN, Report on WHA, 1983; IBFAN, January 17, 1985)

(June)

The Nestle Infant Formula Audit Commission (NIFAC) sponsored the Conference on Breastfeeding and Infant Nutrition, University of California, Berkeley. Participants were invited by NIFAC members, and the conference was open to the public. Senator Muskie explained: "NIFAC's primary purpose in sponsoring the conference is to bring together experts of various backgrounds to discuss the merits of the interrelated and multidisciplinary issues involved in breastfeeding and infant nutrition and through this process, to educate the members of the Commission" (NIFAC Summary Report, 1983, p. 1). Themes which emerged: 1) the importance of a woman's freedom of choice about breastfeeding must be protected from interference but also well-informed; 2) need for comprehensive information regarding breastfeeding to mothers and health care professionals; 3) necessity of support systems to breastfeeding mother; and 4) rejection of simplistic correlations between incidence of bottle feeding and infant

mortality rate. (NIFAC Quarterly Report #3, 1983: Conference Summary Report, 1983. Nestle April 15, 1985)

NIFAC issued its fourth quarterly report, for the period ending June 30, 1983. The report gave a status report on complaints processed to that point, explained and defended the process itself, reviewed the conference on breastfeeding. Quarterly Report #4 concluded with the statement that full implementation of the WHO Code requires the commitment of not only Nestle, but also governments and other infant formula manufacturers. (NIFAC Quarterly Report #4, 1983, 1983: Nestle, February 25, 1985: Nestle, April 15, 1985)

A NIFAC commissioner travelled to Bangladesh, Sri Lanka, Somalia, and South Africa on a fact-finding tour (June 6 to July 30, 1983). The commission reported: 1) in Bangladesh marketing of infant formula is not an issue. 2) in Sri Lanka a national code would soon be enacted which included weaning foods and outlawed baby bottles. 3) in Somalia marketing of infant foods was not an issue. 4) in Kenya hospitals received no samples, supplies had to be requested and their use documented, salespersons received no commissions for infant formula sales. 4) in South Africa a voluntary code was adopted, bottlefeeding was popular with white mothers and with working black mothers. In rural areas breastfeeding is supplemented with bottlefeeding. The new labels were visible "everywhere" (Randall, 1983).

(August)

INFACT-Vancouver sought City Council endorsement of the boycott. (INFACT-Canada National Meeting, 1983)

INFACT-Canada did a mailing to Ministers of Health regarding the need for WHO Code implementation in Canada. The packages included information about the history of the Code, explanations of its provisions, and encouragement to apply the Code in hospitals under provincial jurisdiction. (INFACT, December 11, 1984; INFACT, December 17, 1984; INFACT, March 19, 1985)

INBC again urged Nestle to participate in direct negotiation. Its position on negotiations was presented in a letter to Nestle management. Included in the correspondence was a proposed framework and schedule for the discussions, as well as a tentative agenda. (Churchill, 1983: INBC, December 19, 1984; INBC, December 20, 1984)

IBFAN, jointly with UNICEF and the IOCU, conducted a fact-finding tour through South Africa. Representatives travelled through Zambia, Zimbabwe, Malawi, Lesotho, Swaziland, and Botswana, 13 August to 21 September. The goals of the trip were: 1) to create awareness about the infant feeding issue, 2) to motivate groups and individuals to promote breastfeeding, 3) to coordinate efforts between international agencies, government officials and NGO's, and 4) to monitor implementation of the WHO Code. (Clement, 1983)

(September)

NIFAC issued Quarterly Report #5, for the period ending September 30, 1983. The report discussed issues which had been raised in the complaint process: 1) free "samples" to institutions have been eliminated; 2) free or reduced cost "supplies" to institutions have been restricted; 3) new "health hazard" statement for labels has been developed; 4) non-complying informational and educational materials for mothers are being revised or discontinued; 5) non-complying informational materials for health professionals are being revised or discontinued; 6) support is being given for strict national codes; 7) universal applicability of the WHO Code has been acknowledged; 8) applicability of the WHO Code to "follow-up" formulas has been refined; 9) applicability of the WHO Code to "therapeutic" formulas has been clarified; 10) use of product brand names on educational materials for mothers has been restricted; 11) role of local authority approval of informational and educational materials has been clarified; 12) Nestle has implemented the "appropriate language" requirement for labels; 13) gifts to health professionals to induce infant formula sales have been eliminated; 14) unfounded and unsubstantiated complaints have been identified. (NIFAC Quarterly Report #5: Nestle, February 25, 1985)

The INBC Steering Committee met twice during the month in New York City. Their agenda was to assess the extent to which Nestle had actually changed its marketing policies. A 25-item list of weaknesses in the company's practices was compiled in the first meeting. In the second meeting members reviewed the list, and eliminated those areas where Nestle's practices were acceptable. (INBC, December 20, 1984; INBC, December 19, 1984)

(October)

Nestle issued the latest revision of the label warning

statement about the hazards of improperly using infant formula. (Nestle, 1984)

NIFAC held a press conference to announce its completion of Quarterly Report #5. Questions from the media covered clarification of the report and its implications for the continuing boycott. Senator Muskie, speaking for the Commission, stated that much had been done to correct company policy, but stressed the need for continued monitoring to ensure consistency over time. The viability of the Code was questioned in light of the findings of Commission fact-finding tours. The Senator and representatives from Nestle both stated that, like any major policy document, the WHO Code should be periodically reviewed to ascertain its effectiveness. (NIFAC Press Conference, October, 1983)

NIFAC commissioner travelled to Asia and South America (Tokyo, the Philippines, Hong Kong, Bangkok, Madras, Rio de Janeiro, Buenos Aires), May 13-26, 1983. (Campbell, 1983)

The INBC Steering Committee met again in New York city to review Nestle marketing policies. Members of the Committee continued to assess the amount of substantial change which had occurred. The previously compiled list of areas perceived to need improvement was the basis for discussion. (INBC, December 19, 1984)

(November)

INFACT-Canada national coalition meeting was held in Toronto, Ontario. Discussion during the meeting focussed on how citizen groups can influence decision-making on the WHO Code in terms of governments, industry, hospitals, and internationally. Representatives to the meeting formulated a statement of priorities for the year 1984: to continue support of the Nestle Boycott and plan to attend the INBC international strategy conference, to make a commitment to further efforts toward WHO Code implementation in Canada by pressuring formula companies, governments (provincial and federal), hospitals, and other relevant health facilities. (INFACT-Canada, National Meeting, November, 1986; INFACT-Canada, DMG Meeting, November, 1983)

(December)

INBC identified four specific areas of the WHO Code where Nestle policy needed clarification: 1) Educational materials dealing with the feeding of infants will include information on the benefits and superiority of breastfeeding, maternal nutrition and the preparation for maintenance of breastfeeding, the negative effect of introducing partial bottle feeding on breastfeeding, and the difficulty of reversing the decision not to breastfeed. Materials dealing with infant formula will also include information on possible health hazards of inappropriate foods or feeding methods; and in particular the health hazards of unnecessary or improper use of infant formulas. 2) Hazard warnings on labels to give the consequences to the health of infants of inappropriate or incorrect use arising from unclean water, dirty utensils, improper dilution, and storage of prepared feeds without refrigeration. 3) Personal gifts of a professional nature should not be given to health care professionals as financial or material inducements to patronage Nestle products. Likewise, gifts of a personal (i.e., non-professional) nature are considered inappropriate. 4) Provision of free or low-cost supplies of infant formula to health institutions must be stopped, especially where these supplies are used routinely in feeding infants in health care institutions and are included in discharge packs given to mothers leaving the institution. A press release was issued regarding the four points. It stated that future strategy decisions regarding the boycott were to be made at an international conference in February, 1984. A letter containing the same information was sent to Dr. Carl Angst, Vice President of Nestle. The letter to Angst also included another call for Nestle to enter into direct negotiations with the INBC. (Joint Statement, 1984: INBC, December 19, 1984; INBC, INBC, December 20, 1984)

Nestle responded to the INBC announcement. The company agreed to engage in direct negotiations. (INBC, December 19, 1984)

UNICEF, following a series of telephone conversations with both sides of the controversy, agreed to act as facilitator during the negotiations between INBC and Nestle. The organization stressed that their role was to clarify provisions of the International Code. Final agreements regarding the fate of the boycott were to be made between Nestle and the INBC. (INBC, December 19, 1984; Nestle, April 15, 1985)

**1984: Nestle Boycott terminated,
INFAC targeted other companies,
IBFAN/INBC strategy conference,
NIFAC accepted new members**

(January)

Nestle initiated a series of regional meetings in Asia, Africa, and South American for the purpose of monitoring compliance in the field. (NIFAC Press Release, January, 1984)

The INBC and Nestle intensely negotiated for the period of one week. The outcome was a joint agreement in terms of the four identified points. The Joint Agreement differed from the original demands in regard to supplies. Nestle pointed out that the International Code allowed the distribution of supplies to infants who have to be fed on breastmilk substitutes. The company went on to state that its goal was to distribute supplies to meet medical, economic, and social needs. Therefore, Nestle requested that WHO/UNICEF further define the terms "infants who have to be fed on breastmilk substitutes." These definitions would then be used as the basis for company policy. Nestle agreed to implement the International Code in the Third World; however, the company excluded the European market from its agreement. Nestle, January, 1984; Nestle, 1984; INBC, December 19, 1984; Nestle, February 12, 1985)

On the basis of the Joint Agreement, the INBC recommended that the boycott against Nestle be suspended for six months. During that time INBC and IBFAN would monitor Nestle compliance. If the company honored provisions of the Joint Agreement, a vote would be taken to suspend the boycott. This recommendation was taken to the international conference for final ratification. (Nestle, January, 1984; INBC, December 19, 1984; Nestle, February 12, 1985).

(February)

Nestle issued revised instructions to field personnel which reflected the provisions of the Joint Agreement. Company policy regarding free or low-cost supplies was especially stressed. The guidelines restricted distribution of supplies by requiring that health professionals complete request forms for the formulas. Nestle also sent letters to hospital administrators and ministry of health officials. Through this correspondence the company

expressed its commitment to the spirit and aims of the WHO Code regarding the protection and promotion of breastfeeding. Company policy stated formulas should only be used when infants must be fed on breastmilk substitutes. (Nestle Instructions, 1982; Nestle, February 12, 1985)

The INBC and IBFAN jointly sponsored an international strategy conference in Mexico City, February 2-5, 1984. General strategy recommendations were adopted by consensus regarding monitoring, code advocacy, medical systems, company campaigns, and the Nestle campaign. Continued financial and resource support to the movement network was considered essential to future strategy and program implementation. Participants emphasized the importance of differing political, social, economic, and cultural conditions in each region. (International Conference, 1984)

A major purpose of the gathering was to decide whether to continue the Nestle boycott. The INBC agreement with Nestle was the subject of intense discussion. Three major problems were identified: 1) Europeans believed the agreement undermined their efforts in Europe since the Code would not be applied there. 2) IBFAN leaders felt they had not been allowed to play a significant role in the decision to suspend the boycott. 3) Third World delegates stated that suspension of the boycott was premature. An economic tactic such as the boycott was only available to developed countries. However, developing countries derived some political/economic power from its existence. Suspension of the boycott, and the loss of that power, was considered to be very ill-timed. (Clarkson, 1984; International Conference, 1984; INBC, December 19, 1984; IBFAN, January 17, 1985)

North American delegates from the INBC stated that the original demands of the boycott were to end aggressive sales of infant formula in developing countries. Application of the Code in Europe had been a serious point of contention during the negotiations. The boycotters believed that in order to preserve the integrity of the campaign, they could not hold out for implementation of the International Code in developed countries (e.g., Europe). (Clarkson, 1984; International Conference, 1984; INBC, December 19, 1984; IBFAN, January 17, 1985)

Delegates to the conference instituted procedural changes which would forestall future problems with communication and decision-making. European boycott groups would be integrated into the INBC structure. As well, more conscious effort would be made to secure Third World input into the problem-solving process. Finally, IBFAN will refine its communications network, including the creation of a North American IBFAN. (Clarkson, 1984; International Conference, 1984; INBC, December 19, 1984; IBFAN, January 17, 1985)

After further discussion regarding editorial amendments, the conference accepted the INBC recommendation to suspend the boycott. Delegates to the conference then took the decision back to their constituencies for ratification in their respective nations. (International Conference, 1984)

INFACT-Canada adopted the Conference recommendation to suspend the boycott. Endorsing organizations were urged to send letters to Nestle in congratulation for its willingness to make the changes necessary to end the controversy. The fact that monitoring was to continue for six months was also stressed. (INBC, December 19, 1984; INFACT-Canada, February, 1984)

INFACT-locals disseminated information regarding the suspension of the boycott. Members were encouraged to send letters to Nestle in support of its willingness to make changes in its marketing policies. Community supporters were also asked to again purchase Nestle products until the ultimate fate of the boycott was determined. (INFACT, November 20, 1984; INFACT, December 10, 1984; INFACT, December 11, 1984; INFACT, December 12, 1984; INFACT, December 12, 1984; INFACT, January 3, 1985; INFACT, January 15, 1985; INFACT, January 16, 1985; INFACT, February 6, 1985; INFACT, February 7, 1985; INFACT, February 18, 1985; INFACT, March 19, 1985)

WHO/UNICEF identified to Nestle a consultancy firm to carry out testing of hazard warnings for labels and statements for educational materials: Program for Appropriate Technology in Health (PATH). The firm was to work in consultation with Nestle, WHO/UNICEF, and INBC. (Nestle, Communique #1, 1984)

(April)

Nestle presented its Implementation Agenda to UNICEF and the INBC. The statement indicated how the company planned to operationalize the Joint Agreement. The company reported that it planned to consult with the INBC, WHO, UNICEF, and PATH. Field research was conducted to develop hazard warnings on labels as well as statements to be included in educational materials. (Nestle Communique #1, 1984; Nestle Communique #2, 1984; INBC, December 19, 1985)

The INBC nominated two individuals to be added to NIFAC. These potential new commissioners were members of neither INBC nor INFACT. Rather they were believed to have skills which would

facilitate the Commission's work. One individual--an attorney, was from Public Advocates, Inc. in San Francisco. She had a personal history of effective advocacy for public interests. The other person had a background in business and marketing policy-making, particularly in relation to developing countries: (Nestle, April 15, 1985)

(May)

Nestle and PATH meet regarding the revised hazard warnings and instructions for preparation. Field testing was planned for both, with projected completion date of July, 1984. (Nestle, September, 1984)

(June)

INFACT-Canada sent copies of the Code Implementation Survey to the Federal and Provincial Task Force on International Health Affairs. Questionnaires had been sent to hospitals, physicians, and Ministries of Health around the country. Return rates were low; therefore, generalizations had been made cautiously. The general trend was that the International Code was being applied most consistently in hospitals under federal purview, especially in northern Canada. Provisions regarding literature (educational versus promotional) and supplies (as distinguished from "samples") were the ones most consistently not implemented. (INFACT-Canada Code Survey, 1983; INFACT-Canada National Meeting, 1984; INFACT, November 20, 1984; INFACT, December 11, 1985)

INFACT-Canada decided to reduce the National Co-Ordinator's position to half-time. This was done in response to funding pressures. (INFACT, November 20, 1984; INFACT, December 11, 1984)

NIFAC conducted interviews with the two individuals nominated by the INBC (April, 1984) for membership on the Commission. (Nestle, April 15, 1985)

(July)

Nestle and the INBC met to discuss WHO Code implementation in Europe. Officials from the European regional office of WHO were

also present. The INBC pressed for universality of Code. That is, its application in developed as well as underdeveloped countries. Nestle stated that the competitive nature of the European market precluded unilateral implementation of the Code by Nestle. At the end of the meeting, the terms of the original Joint Agreement still stood. The WHO Code was to be applied only in developing countries. (INFACT-Canada, May, 1984; INBC, December 19, 1984)

Nestle, PATH, and the INBC met regarding the rewording of hazard warnings. The company requested input from these three bodies for the current hazard warnings. PATH reported that field testing had considered such variables as space on the label as well as the dominant language in the area. (Nestle, Communique #1, 1984; Nestle Communique #2 1984; Nestle, February 25, 1985)

WHO announced the "Tejada Plan." WHO/UNICEF attempts to define the term "infants who have to be fed" had proven problematic. The agencies had decided that responsibility for such definitions rested with Member State governments. Assistant Director General Dr. David Tejada-de-Rivero proposed a plan to this effect. WHO and UNICEF would provide technical assistance to national governments toward implementation of the International Code. In the process, governments would also define the term "infants who have to be fed." Once prepared, implementation of the term was foreseen as a collaborative effort between government, health professionals, industry, and concerned consumer groups. (Steps Taken, 1984; Nestle, September, 1984; INBC, December 19, 1984)

Both Nestle and the INBC accepted the Tejada Plan as a solution to the question of supplies to health facilities. (Steps Taken, 1984; Nestle, September, 1984; INBC, December 19, 1984)

(September)

Nestle and the WHO met to finalize the new product labels. The company projected that the labels would go into general production by early 1985. (Labels finalized, 1984; Nestle, February 25, 1985)

The INBC met to evaluate Nestle's progress in WHO Code implementation in the Third World. Members agreed that the company had either achieved or made substantial movement toward each of the four points. Members decided to carry back to their constituencies the recommendation that the boycott be terminated.

(INBC, December 19, 1984; Nestle, February 12, 1985; Nestle, February 25, 1985)

(October)

INFACT-Canada adopted the INBC recommendation that the boycott be terminated. That decision was passed through the network to local INFACT chapters. Letters to endorsing organizations urged that they contact Nestle and congratulate the company for its implementation of the Code. (INFACT-Canada National Meeting, 1984)

Other infant formula manufacturers were targeted for pressure to abide by the provisions of the International Code. Monitoring information was collected about Milupa, Bristol-Meyers, and Abbott-Ross. Letters were sent to company officials urging them to follow Nestle's lead in complying with the Code. (INFACT-Canada National Meeting, 1984)

NIFAC agreed to accept as new commissioners two individuals nominated by the INBC (April, 1984). Stipulations in the Charter limiting the number of members were altered to accommodate the new additions. No other changes were made regarding the mission of NIFAC. (Nestle, February 25, 1985; Nestle, April 15, 1985)

(November)

INFACT-Canada national coalition meeting was held. Participants discussed the previous years of the effort (victories, campaigns, mailings, publications, briefs, critiques, press releases and media contacts). Short range future plans: literature review of how promotion of breastmilk substitutes affects a mother's choice of infant feeding, write to IBFAN Regional Co-Ordinator in the Caribbean to propose twinning program between a country in the region or the region itself. Long range future plans: develop political will to bring advertisements in magazines distributed in Canada under the scope of the Code. (INFACT-Canada National Meeting, 1984)

The coalition name was changed to Infant Feeding Action Coalition. Accordingly, its mandate was broadened "to include all the products within the scope of the WHO Code, i.e., infant formula, weaning foods, baby bottles and nipples, and feeding practices... INFACT-Canada will approach these issues within the broader context of examining the interconnections of religious faith, science, and technology as these relate to

development, poverty, social justice and competing value systems" (INFACT-Canada, 1984-1985, p. 1). (INFACT-Canada National Meeting, 1984; INFACT, December 11, 1984)

In answer to the question Does INFACT still have work to do? participants at the meeting stated: "INFACT is still needed to keep pressing for WHO Code implementation and compliance locally, nationally, and internationally; to give input on the Code revision slated for the Geneva WHA meeting in May, 1985; to keep its commitment to Nestle to bring the other manufacturers and distributors of products within the scope of the Code into compliance; and to work in solidarity with Third World countries for social justice for all infants" (INFACT-Canada, 1984, p. 4). (INFACT-Canada National Meeting, 1984)

INFACT-locals throughout the country informed their supporters of that the boycott had been terminated. Activists urged that letters of congratulation be written to Nestle for their cooperation with the INBC and the WHO. (INFACT, November 20, 1984; INFACT, December 10, 1984; INFACT, December 11, 1984; INFACT, December 12, 1984; INFACT, December 12, 1984; INFACT, December 12, 1984; INFACT, January 3, 1985; INFACT, January 15, 1985; INFACT, January 16, 1985; INFACT, February 6, 1985; INFACT, February 7, 1985; INFACT, February 18, 1985; INFACT, March 19, 1985)

Efforts to have the Code applied in area hospitals and health facilities continued. In addition, attention was turned to building support to target other infant formula companies who had not brought their practices in line with the WHO Code. (INFACT, November 20, 1984; INFACT, December 10, 1984; INFACT, December 11, 1984; INFACT, December 12, 1984; INFACT, December 12, 1984; INFACT, December 12, 1984; INFACT, January 3, 1985; INFACT, January 15, 1985; INFACT, January 16, 1985; INFACT, February 6, 1985; INFACT, February 7, 1985; INFACT, February 18, 1985; INFACT, March 19, 1985)

DISCUSSION

*Natural history is nothing more nor less than
an account of an evolutionary process - a
process by which not the individual, but the
type evolves (Park, 1955, p. 36).*

The natural history model for studying social change was first proposed in the early 1940's (Fuller & Meyers, 1941a). It was later elaborated upon by other sociologists (Bossard, 1941; Blumer, 1971; Spector & Kitsuse, 1974, 1977). The model was also criticized by Lemert (1951) as lacking empirical evidence for its existence.

Nevertheless, this framework could be valuable for the study of the evolution of social problems. The process through which objective conditions become defined as social problems is emphasized. The model also considers the temporal element implied in much of the research about social unrest. That is, the fact that a social problem develops through distinguishable phases.

Spector and Kitsuse (1974, 1977) reformulated the natural history model. This final section is devoted to fitting their model to the infant formula controversy. One objective of doing so is to provide more of the empirical grounding that the framework apparently lacks. Another goal is to present evidence for a modification of the model in order that it better reflects

the community psychology paradigm. In conclusion, implications for future research will be suggested which could result from adopting the natural history conceptualization.

Natural History Model: The First Four Stages

Review of the Model

Varying developmental stages through which social problems pass have been suggested. Spector and Kitsuse, however, clarified areas which had not been well-defined by previous authors. In addition, they elaborated upon the older models to account for what they referred to as "second generation" social problems: "social problems in which the solutions to previous problems (the response to previous demands) become the basis for renewed claims and demands" (1977, p. 142).

The model is composed of four stages. Certain goals are specific to each one, and must be accomplished before movement to the next can occur:

Stage 1: Groups(s) attempt to assert the existence some condition, define it as offensive, harmful, or otherwise undesirable, publicize these assertions, stimulate controversy, and create public or political issue over the matter.

Stage 2: Recognition of the legitimacy of these groups(s) by some official organization, agency, or institution. This may lead to an official investigation, proposal for reform, and the establishment of an agency to respond to those claims and demands.

Stage 3: Reemergence of claims and demands by the original group(s); or by others, expressing dissatisfaction with the

established procedures for dealing with the imputed conditions, the bureaucratic handling of complaints, the failure to generate a condition of trust and confidence in the procedures and the lack of sympathy for the complaints.

Stage 4: Rejection by complainant group(s) of the agency's or institution's response, or lack of response to their claims and demands, and the development of activities to create alternative, parallel, or counter-institutions as responses to the established procedures (Spector & Kitsuse, 1977, p. 142).

Concerns about the methodological foundation for the natural history model are in some ways justified. The original authors (Fuller & Meyers, 1941a) generalized from the single case that involved increasing numbers of residence-trailers in suburban Detroit. Problems inherent to such generalization are well-documented and need not be reviewed here. Their extrapolation was further weakened by the fact that they failed to take into account the diversity of interaction in the community milieu. The stages were simplistic. Plausible alternative explanations for events which occurred were ignored. In addition the proposed progression was rigid. It allowed for the redefinition of neither the problem nor the responses to it.

Characteristics of the infant formula controversy reduce the inherent risks of making general statements from a single example. The confrontation between citizens and industry offered many opportunities to observe the definitional process. The more often a process can be seen at work, the more confidently one can comment about the generic type.

The movement developed over a period of time, beginning with fairly isolated pockets of citizen activism and growing into a cohesive national network. Social action-social problems were defined each time a new action setting was formed. The process occurred whenever citizens met to form a group. It happened at another level when those groups drew together into a national network. And redefinition took place on a third plane when national coalitions joined to create the international action network.

Evolution of the intervention also occurred at each of these levels. Interactions between citizens, industry, and the larger society created complex systems of forces and counterforces. Characteristics of the baby milk controversy developed over time in direct consequence of these dynamics. Consequently, the process of social change had its grass-roots, national, and international manifestations.

The present analysis is suitable to the purpose of generating a theoretical model of social action. It lends empirical support to a potentially valuable research orientation.

Verification of the Existing Model

Stage 1: Claims-Making Activities. Groups on both sides of the infant formula controversy successfully caught the public eye because they articulated very specific claims. Efforts by

activists in the early 1970's went virtually unnoticed by the general public. One explanation of this could be that their claims were too vague and were linked with broad themes or ideologies.

For example, the Protein Calorie Advisory Group (PAG) released PAG Statement #23 in 1972. The resolution called upon the infant formula industry to address issues of infant feeding. No guidelines or mechanisms to accomplish that goal were proposed.

The World Health Assembly reiterated the message in 1974. This resolution called on industry to regulate marketing practices in developing countries. Again, no means of operationalization were suggested.

"Bottle Babies", the 1974 film produced in Kenya, identified bottle-feeding as a serious health hazard. It went on to stress the urgent need for regulation. Four major multinational formula manufacturers were accused and still no plan of action was put forward.

In contrast, activists who launched the boycott against Nestle in 1977 were quite specific about the issues: Unethical marketing in the Third World was contributing to the deaths of innocent babies. That kind of clarity was cited repeatedly as the most effective way to catch people's attention.

"We'd get a very quick response. People were incredulous that a company with Nestle's reputation could do something like this."

"It was a simple and straightforward issue. Nice and clearcut. It sort of sells itself."

"The whole thing about babies dying, you know. That's such a clear issue. Something's so wrong with that that it really grabs people."

It also led to the formulation of well-defined mission statements for the action groups.

"Raising awareness about the degree of economic exploitation of the Third World by multinationals."

"To raise awareness in Canada about infant feeding issues in the Third World and also how Canadians are affected by these same issues."

Key informants consistently reported that maintaining ideological consistency had not been a survival issue (See Table 1). Part of the reason for that was given to be the specific nature of the issue. "We were a one-issue coalition."

Nestle representatives also had definite perceptions of the issues. Their position was that the critics rendered very complex situations into simplistic terms. The resulting misrepresentation and misunderstanding were the crux of the controversy.

"It's not as simple as all that. These people reduce conditions in the Third World to a baby bottle and think that we can be held responsible."

"The real problems in those countries are malnutrition, poverty, ignorance, disease. All those things that boycotting our company isn't going to change."

"There is a definite need for infant formula in underdeveloped countries. Trying to keep that from mothers who can't breastfeed is the real irresponsibility."

Negativity toward the company led to a well-defined corporate response. Groups representing the company's viewpoint were able to be as specific as the citizens in formulating mission statements.

"To create a research institution committed to the scientific study of infant health and nutrition."

"To go out to groups and present the other side of the story. That way people have all the facts they need to decide if the company's really at fault or not."

A pervasive characteristic of the baby milk controversy was that of apparent inequality. The two protagonists had unequal economic resources, political influence, and social prestige. References were made frequently to the disparate socioeconomic positions held by each side.

"I tell you, it's the modern-day story of David and Goliath."

These critics of industry practices for the most part had no experience in infant nutrition. Rather, they were simply quintessential advocates...groups with no professional credentials in the field of infant nutrition... (McComas et al., 1988, p. 5,10)

"We were no match for their money. They had bucks like we'd never see. So we couldn't try to compete with them on those grounds."

For the citizen activists issues of credibility were also present at national and international levels of intervention.

"People responded to me differently depending whether I told them I was the Chairperson of INFAC-Winnipeg or that I was the North American Representative to IBFAN."

"There, we were at the WHA meetings. We were the first NGO (non-governmental organization) to seriously lobby there. They weren't really sure what to do with us. Delegates were reluctant to commit themselves."

Choice of tactics is a relevant issue throughout the natural history of a social intervention. This is particularly true in the formative stage of trying to rouse public controversy. Many conditions defined as problems do not pass successfully through the initial stage for lack of public support.

During the initial years of the baby milk controversy both sides utilized high profile tactics in order to press their claims. (See Tables 2.4). Nestle and activists alike published written documents detailing their positions and aims; participated in widely publicized speaking engagements; and appeared before radio, television, or video audiences. In addition to high visibility, concrete tactics played an important role. The boycott provided a distinct focus for the groups' activities.

Nestle was targeted for economic sanctions because it held the largest share of the Third World infant formula market. Also, as a Swiss-owned company it was immune to shareholder action used against American companies. Using the boycott as a vehicle, the citizen activists mobilized their supporters against Nestle.

"Boycott tactics and political lobbying are understandable and within the experience of citizens of democracy."

If you are outraged or sad or interested you should know that much work remains to be done...You can do a lot to spread the word. Educate yourself...Wear your boycott button when you do your weekly grocery shopping...Join and support a local INFACI chapter (INFACI-Canada Newsletter, 1982, p. 21.

The boycott also acted as a rallying point for Nestle and its supporters in industry and business.

This is all very well...but it isn't likely to feed starving children. To feed an infant, a family needs income, it needs work and a base of household capital. If an economy is to provide these things it needs enterprise, and, as a rule, the freer the better. What the world needs, in other words, is rather more of Nestle. (Grant, 1979).

Activists may be doing corporations a good turn by prodding them to prove they can meet social challenges. Thus Marxists marching under the banner of Christ may help the private-enterprise system adapt and survive... (Nickel, 1980, p. 136).

While everyone agrees that breastfeeding is best, there are many factors at work to defeat this...To create a boycott which by its very nature condemns one side and one company of that side, seems to us totally out of keeping with Christian principles and is, therefore, totally insupportable (Confederation of Church and Business People, 1980, p. 46).

Tactics used by earlier advocates infant feeding problems in developing countries had produced limited public support. On the other hand, the boycott was endorsed by many prominent national organizations. A partial list of endorsers in 1983 included:

*Canadian Catholic Organization of Development and Peace
Canadian Council of Churches
Canadian Nurses Association
Registered Nurses Association of Canada
Canadian Environmental Law Association
National Action Committee on the Status of Women
OXFAM-Canada
YWCA of Canada
B'nai Brith Youth Organization
(Lake Ontario Region)
Student Christian Movement of Canada
(INFAC-Canada Newsletter, 1983-84, p. 8)*

In the international scene, the boycott was viewed as a tool with which industrialized countries could effect change for the sake of developing countries. Boycotting is an economic alternative available to countries like Canada, the United States and Europe. However, in many Third World nations' economic and political realities precluded the use of the tactic.

Delegates to the Baby Milk Conference held in 1984 stressed the importance to their efforts of the Western boycott on Nestle products. Their agenda were to attain rights to basic health care and nutrition without the influence peddling of multinationals. The boycott applied pressure they could not generate on their own behalf.

Choice of tactics serves to focus energies of claims-makers and their supporters. Clearly, motivations and perceptions may vary though the tactic is the same. Among the general public, there were those who sympathized with Nestle and others who supported the activists' viewpoint. Having created public controversy, Stage 1 is complete.

Stage 2: Establishment Response. The boycott against Nestle was called in the United States in 1977. Citizens claimed that Nestle had until that point ignored their admonitions to stop Third World exploitation. The corporate response was to contact

*...various peripheral supporters of INFACF
and other public opinion leaders [to make]
the point that the boycott as structured was
misdirected...[however] some sort of response
was in order (McComas, et al., 1983, p. 11)*

When the infant formula issue was first brought to Canada, similar responses occurred. The "Bottle Babies" Study/Action Group (Victoria, British Columbia) was one of the first active grass-roots groups. After several months of study, the action group announced its intention to vote on a resolution to endorse the boycott. Representatives from the Nestle national office in Toronto arrived in British Columbia to meet with the prospective endorsers.

*"I asked them what we could do to convince
them that these things were not happening
anymore."*

The company's assertion that changes in their market policies had already been implemented was made at all levels of the intervention. For example, in the September 1979 public debate between representatives from INFAC-Canada and spokespersons from the Canadian headquarters of Nestle, the essence of the corporate message was:

*"It is not Nestle versus INFAC. It's mankind
versus a problem we can't solve right now:
poverty, disease, ignorance, malnutrition."*

Nestle cannot be held solely accountable for those things. But the present controversy has given us more resolve to review our objectives, methods, products, rules of conduct, and responsibilities."

The International Nestle Boycott Committee and company representatives met in January, 1983. The group reiterated the four points on which members believed Nestle's marketing policies were to be revised. Nestle stated that it was

Encouraged to see that the INBC and those churches and institutions represented therein have narrowed their concerns down to four points of the Code...[but] throughout the last three years, Nestle has worked hard to keep its commitment, and seeks to effectively implement the Code... (Nestle, 1984, p. 1)

During the course of the controversy, Nestle approached its critics in community, national, and international forums. The company invited "any serious student of the issue" to make contact.

We would be happy to supply, upon request...a comprehensive bibliography of papers and articles by both sides and by informed Third Parties (Pagan 1983).

Local INFAC chapters reacted with skepticism to Nestle's invitation.

"Very unrealistic information was being put out about cultural and economic differences in developing countries. When we'd print different information they'd call us 'emotional' and 'biased'."

"We have to paint stark pictures to keep things focussed. Nestle just wants to muddy the waters so they can keep on doing things their way."

A comparable response came from the national level. Members of INFAC-Canada perceived Nestle's actions as a divide-and-conquer strategy. The unspoken goal, they believed, was to fragment the movement's efforts by persuading supporters away from the boycott.

The creation of INBC grew from decisions by national coalitions in Canada and the United States to present a consolidated front. The mission statement for this body was to represent groups and organizations in a boycotting stance in negotiations with Nestle. INFAC locals made a commitment to allow the INBC to handle all exchanges with Nestle or its representatives.

A far-reaching part of the official response came in the shape of the WHO/UNICEF International Code of Marketing of Breastmilk Substitutes. More will be said later about its development. At this point in the discussion, the Code's importance is that it was created in response to claims that industry accountability was needed. Its preamble states:

Recognizing that infant malnutrition is part of the wider problems of lack of education, poverty, and social injustice...Conscious that breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants...Recognizing further that inappropriate feeding practices lead to infant malnutrition, morbidity, and mortality in all countries, and that improper practices in marketing of breastmilk substitutes and related products can contribute to these major health problems...Believing that, in light of the foregoing considerations, and in view of the vulnerability of infants in the early months of life and the risks involved in inappropriate feeding practices, including the unnecessary and improper use of breastmilk substitutes, the marketing of breastmilk substitutes requires special treatment, which makes usual marketing practices unsuitable for these products... (International Code 1981, p. 10-12)

Activists maintained that Nestle had colluded with other manufacturers to block passage of the WHO Code. Nestle countered that industry had been actively involved in the formulation of the Code. The company went on to state that the Code was not only appropriate but also timely. Nestle publicly announced support for the aims and spirit of the Code soon after the WHO adopted the measure.

To demonstrate its commitment, the company did two things. First it announced the completion of Instructions to Field Personnel. These guidelines were considered by Nestle to be in line with the WHO Code. The policy statement was designed to provide

...clear implementation, instructions which explain and complement the individual provisions [of the WHO Code] for the benefit of Nestle personnel and/or Nestle agents (Nestle Instructions, 1982, p. -1).

Nestle also created an audit commission, Nestle Infant Formula Audit Commission (NIFAC). The Commission's mandate was to monitor Nestle compliance to the Code by processing complaints of violations. Its charter reads:

The mission of the Commission shall be to apprise the Company of any problems it discovers in the internal investigation and control systems of the company in its application of the WHO or National Codes. It shall answer inquiries from the public, as it deems necessary, regarding Nestle's implementation of the WHO Code or compliance with the applicable National Code (NIFAC Charter, 1982, p. 1)

Despite accusations of conflict of interests caused by company funding, both Nestle and the Commission repeatedly asserted the body's independence. Summarizing the controversy surrounding NIFAC's credibility, a Commission member stated:

The real test at this point, isn't anybody's opinion about it, in abstract, about the task force. The real question now is how will we actually perform in the fact [sic] of actual cases or allegations of cases of violations (Press Conference, May 3, 1982, p. 24).

NIFAC and the function it fulfilled brought the infant formula controversy to the conclusion of Stage 2. At the same time citizen reaction to the agency moved the confrontation into the third stage of its development.

Stage 3: Claims-Makers' Response. The creation of NIFAC was touted by Nestle to be further evidence of their commitment to the WHO Code. Mr. Rafael Pagan, Jr., President of Nestle Co-Ordination Center for Nutrition, had this to say:

We believe that such an Audit Commission will be helpful, [sic] in implementing section 11.3 of the code which invokes the responsibility of each manufacturer to monitor its own application of the Code (Press Conference, May 3 1982, p. 3).

Senator Muskie went on to say that input had been solicited from "approximately 100 individuals and organizations that had been active in this controversy" (Press Conference, 14 October 1982, p. 3). Nevertheless, the Commission stated in its first quarterly that it had received

...numerous generalized accusations directed at Nestle and critical comments about [our] own role, but no complaints addressed specifically to alleged Nestle marketing practices (Press Conference, 14 October 1982, p. 24).

In lieu of processing complaints, NIFAC examined the Nestle Instructions. These guidelines had figured prominently in many of the allegations received by the Commission. Revisions were recommended and accepted by Nestle, although not always willingly. The first Quarterly Report presented the conclusions that had been drawn by the Commission. Said Senator Muskie:

In the experience of the Commission, Nestle has demonstrated a willingness to respond positively to the imperative of change in marketing policies. Its a positive development, a positive response to the request for change. And by being positive in the direction of the WHO Code it is a positive response to the public interest (Press Conference, 14 October 1982 p. 11,28).

Activists disagreed. Their distrust for the role of NIFAC was evident from the time the Commission was created. NIFAC was considered to be a smooth public relations ploy to disguise the absence of significant change in marketing policies. Of the instructions to field personnel, industry critics stated:

"It was a diversionary tactic. They only put together that Commission to take the heat off. Nothing's really changed."

"They didn't care about the Code. They just wanted to save their public image."

Cynicism about the role of NIFAC and Nestle's Instructions was apparent throughout all levels of the movement. Organizers from INFAC locals continued to educate people about the need for strict regulation of marketing policies. Differences between the Nestle Instructions and the WHO Code were repeatedly pointed out. Complaints regarding alleged violations continued to be sent to the national office rather than to NIFAC.

At the national level, the citizen's denouncement was clear:

It is my opinion that the Commission, chosen and financed by Nestle, naively allows itself to be used by Nestle's public relations machinery. NIFAC press conferences become platforms for the Nestle management they could not gain otherwise (INFAC-Canada, 1983-84, p. 5).

The International Nestle Boycott Committee (INBC) also expressed displeasure over NIFAC's procedure for handling complaints. It was believed that the Commission worked too slowly. Dissatisfaction reached the point where the Committee announced that no further reports of violations would be forwarded to NIFAC.

The International Baby Food Action Network (IBFAN) worked in that sphere to monitor code violations in underdeveloped countries. Citizens were unwilling to trust the results of fact-finding tours conducted by NIFAC.

...members of the Commission, with good intentions but little expertise took 'monitoring' trips to the Third World which turned up no violations, during the same period when Third World IBFAN groups have published reports of numerous violations in their own countries (INFACT-Canada, 1983-84, p. 5).

Members of the network were not active solely in their individual countries. Lobbying in the World Health Assembly was also taking place on a regular basis.

IBFAN's presence at Executive Board meetings has become a regular feature...[they] have seen us around for years now and we are often welcomed as old friends (IBFAN, 1983, p. 2).

With the citizens' expression of marked dissatisfaction over established procedures, the movement progressed through Stage 3. Their perceptions that the system had failed led to activities which mark the beginning of the final stage in the existing natural history model.

Stage 4: Developing Alternatives. In the history of the baby milk controversy, responses to imputed conditions had come in the form of the WHO Code as well as the establishment of NIFAC. Implementation of the Code was then of highest priority; universality was a crucial issue. Monitoring continued through the efforts of INFACT locals and co-ordinated by INFACT-Canada in

conjunction with IBFAN. Boycotters invested a great deal of energy into pressure for Code implementation in their respective countries. Yet activists had already voiced deep distrust for NIFAC. The established system was not perceived to be ameliorating the issues.

An impasse had apparently developed. The movement's growth was beginning to slow at every level. Representatives from INFACT locals reported that seminars and workshops on the Code, infant health, breastfeeding promotion still continued but attendance began to wane. A new campaign, the Taster's Choice petition drive, was begun. Supporters stated that their efforts were hindered by the general public's belief that the boycott was over.

"Between the Code and NIFAC, people thought the boycott was over. We had to tell them that more still needed to be done to be sure the Code got implemented."

At INFACT-Canada money became an issue for the first time in its history. Endorsers, having also believed the issue settled, were reducing their financial support. As a consequence, more of the group's efforts went into fundraising than had occurred in previous years.

On the international scene INBC reported that their repeated attempts to draw Nestle to the negotiating table had been

unsuccessful. For their parts, IBFAN representatives participated in a number of breastfeeding regional conferences all over the world. Resolutions formulated at these meetings called for the creation of national codes with provisions as strict as the WHO Code. However, monitoring reports shared by IBFAN indicated that few countries had followed through on the recommendations of the WHO to generate national regulations.

The Code was to have come up for review at the 1983 meeting of the WHO. At that time the recommendation would have been expanded or clarified as needed. However, at the 36th WHA Meeting, the Director General made this report:

no Member State, in responding to the Director General's request for informational and national action taken to give effect to the International Code, has proposed any revisions either in its form or content. In light of the foregoing information and in the absence of suggestions from Member States for changes in the text of the Code, the Director General considers that it would be premature at this time to propose any revision of the International Code either in its form or content (IBFAN Report 1983, p. 60).

In this climate INBC and IBFAN collaborated to host an international strategy conference to be held in February of 1984. At that time boycotters would have generated recommendations for future planning regarding the infant formula controversy in general and the Nestle boycott in particular.

Given the distinction between value-oriented and interest-oriented solutions (See Section 2. Natural History of Social Problems), elements in the baby milk controversy suggest that recommendations from the conference would have been value-oriented. For one thing, the *raison d'être* of the movement was to create second order change. By definition system change was implied, with citizens advocating economic, social, and political reforms. The beneficiaries of the proposed alternatives were primarily to be citizens of the underdeveloped countries. People of industrialized nations would also receive positive impact from the alternatives set into place.

Other evidence for the creation of value-oriented alternatives lies in the fact that the intervention took place at three levels: grass-roots, national, and international. Furthermore, activities on one level continued even as the movement grew and began to function on the next. Had the objective been to set in place alternatives for group members only, selection of one point of intervention would likely have been sufficient.

To comment on the form these solutions would have taken would be speculation. Before the Baby Milk Conference was held, several events took place which had great impact on the decisions finally made there.

In December 1983 negotiations began again between INBC and representatives from Nestle. UNICEF facilitated these sessions. A Joint Agreement between Nestle and the INBC which suspended the

boycott was released in January 1984. If at the end of a six-month monitoring period Nestle had demonstrated compliance on four key points, the boycott was to be terminated. The event was heavily publicized by both sides:

Boycott over! Our goals have been met.
(INFACT-Canada, 1984, Winter)

Nestle Progress Recognized -
INBC Calls for End of Boycott
(Nestle News, 1984)

NESTLE BOYCOTT BEING SUSPENDED: Protest Leaders
and Company in Pact on Infant Formula
(New York Times, 1984)

Nestle boycott suspended after 6-12 years.
(Kitchener-Waterloo Record, 1984)

By the time delegates arrived for the conference, the major decision about the boycott had apparently already been made. This fact led to problems. These difficulties were reflected in the tone of the proceedings as well as in the recommendations which were generated.

At issue was communication. IBFAN leaders felt that more consultation should have occurred between IBFAN and INBC before the agreement was signed. Likewise, Third World delegates asserted that their political clout, embodied in the boycott, had been unilaterally swept away. Europeans also reported feeling as if their needs had not been heard. In the Joint Agreement Nestle had pledged to comply with the WHO Code in all markets excluding

developed countries (i.e., Europe). The universality of the Code had, in the opinion of the European delegates, been compromised.

Recommendations generated at the Baby Milk Conference were in some ways value-oriented. By structuring the network to function more efficiently, the attainment of the movement's ultimate goal of second order change would be facilitated. At the same time, these recommendations dealt with resource mobilization within the movement. These outcomes would principally benefit network members. In that sense, they were interest-oriented.

However, the creation of these alternatives must be viewed in the context of the larger efforts. At the national plane, NIFAC and INBC had met in November of 1982 to discuss the status of violations forwarded earlier. The upshot of the meeting was that INBC agreed to use the Commission's procedure for processing complaints. During the following year, NIFAC was finally able to "prove" itself.

"We had to prove we were independent and objective and could be counted on. We did that. Even people who had been adamantly opposed to our work began to view us as a valuable resource."

Relations between the two bodies went a step further. In early 1984 INBC suggested two people be added to the Commission. These individuals were not directly involved with either INBC or INFAC. However, each of them had a personal history of citizen

advocacy. One nominee came from an organization that had endorsed the boycott. The other was a public interest advocate by profession. NIFAC agreed to accept the new members, altering its Charter to accommodate the new commissioners.

In this way, the activists became consultants to the system they were attempting to change. Their potential for creating enduring change increased as a direct function of this alliance. It could be said, therefore, that solutions generated at the national level were true value-oriented alternatives.

The search for solutions outside the existing system penetrated to the local milieu. Code implementation was very much alive as an issue. Letterwriting campaigns to provincial governments continued unabated. Now that the boycott against Nestle was over, attention turned to other formula manufacturers. Violations of the WHO Code by these companies were documented. Activists also kept up their educational support systems regarding breastfeeding. The objective of system change still guided decisions made at the community level. These, too, were value-oriented.

Understood in its entirety, the baby milk movement was indeed actualizing its philosophy of second order change. The NIFAC membership currently includes two people recommended by INBC, once the Commission's most staunch critic. Change in the relationship between the two bodies must have occurred for such an agreement to take place. Another vehicle for long-term change

is the creation of a North American IBFAN. Communication throughout the network will be enhanced and extended. Combined with its connection with other international non-governmental organizations, the potential for significant impact is inestimable.

Yet Stage 4 is the final stage of the Spector and Kitsuse conceptualization. Fitted to the natural history model as it now exists, social action would develop just to the point of effective change -- and stop. Clearly the framework needs to be modified before it can be productively used to explain the development of social action.

Evidence for the Modified Model

At this point, a social action has progressed through several developmental milestones. The process began in Stage 1 with claims-making activities to define the condition as a problem. Some form of official recognition of the claims occurred in Stage 2. Distrust and dissatisfaction with that response was the focus of the third stage. In Stage 4 alternatives to the existing system were created and, in the final analysis, co-opted.

The weakness of the sociological model becomes apparent here. According to its description, what began as new alternatives become the new status quo. This assumption is untenable to the community psychology paradigm. When participating in a social

action, it is not enough to state, "I have created a change. It is good." If the goal is enduring change, the statement must become a question: "I have created change. Is it good?" And then even more questions should follow. The would-be interventionist should ask her or himself about the potential beneficiaries of change, about the cost-benefit ratio and about mechanisms which can maintain the change (Grinnell, 1974; Sarason, 1978).

The same principle applies to attempts to describe social action. Community psychology asserts that the viability of social intervention comes from conscious efforts to "reframe the question" (Watzlawick et al., 1974) and "confront the antimonies" (Rappaport, 1981). The selected model must explicitly call for reassessment during the process of social action.

For this reason another stage is proposed to the Spector and Kitsuse natural history model. Their presentation goes far in providing a framework for viewing the development of social change. Unfortunately, it does not go far enough. It does not make provisions for the definitional shift, Stage 5.

Stage 5: Definitional Shift. The development of the WHO Code is a fine example of how the added historical milestone functions. The reader will remember that the WHO Code was devised as part of the official response to demands for industry regulation. Citizens had joined with others concerned about infant feeding in developing countries to advocate for industry controls. The need for regulation was first expressed as early as

1970 at the WHO/UNICEF Joint Conference on Infant Malnutrition in Bogota. One spin-off from that body, the Protein Calorie Advisory Group, formulated PAG Statement #23. The resolution called for action to resolve problems of infant food and infant malnutrition.

In 1974 the issue received much publicity because of the libel action taken by Nestle against the Arbeitsgruppe Dritte Welt (ADW). Media coverage of the trial again raised the question of ethics in marketing before the general public. Individuals and organizations defined the absence of industry accountability in developing countries as a social problem. The first stage of the model had been accomplished.

In response to critics of the time, Nestle and seven of the largest infant formula producers organized the International Council of Foods Industries (ICIFI).

The organization's first action was to develop the ICIFI Code of conduct embodying the principles of PAG Statement 23 (McComas et al. 1983, p. 9)

Growth of the WHO Code development had successfully entered and moved through Stage 2.

The industry code was not considered to be adequate. Stage 3 was entered. Marketing practices in the Third World again drew public attention in 1976 when the Sisters of the Precious Blood sued Bristol-Meyers. The Nestle boycott was called in 1977.

Senate Hearings were held by Edward Robert Kennedy (May, 1978). The need for controls on marketing policies was stated yet again.

In October 1979 WHO and UNICEF held a joint Meeting on Infant and Young Child Feeding. Participants released a resolution which recommended the development of an international code for marketing of infant foods. Industry, governments, and nutritionists collaborated to create the guidelines. Citizen activists also participated in the process. It was their aim to produce a document that would be a true alternative for the industry code.

Four draft codes were written before the International Code of Marketing was adopted as a recommendation by the World Health Assembly (May, 1981). With its acceptance, the fourth stage of the natural history of this mini-movement had been completed.

Its definitional shift was entered when the emphasis moved from advocating for the creation of a code, to monitoring its implementation.

Activists created an international network to press for the adoption of national codes, as recommended in the WHO Code. Following the Meeting on Infant and Young Child Feeding, representatives from national coalitions met. The International Baby Food Action Network was the result.

IBFAN is a cooperating coalition of over 40 organizations in 30 countries, formed when participating non-governmental organizations recognized the need for international

consumer pressure to force the international infant food industry to halt unethical promotion. Through IBFAN, information on industry promotion, WHO Code progress, citizen action and scientific research is shared among concerned groups worldwide (INFACT-Canada, 1981, p. 6).

Subsequent meetings of the World Health Assembly were attended by delegates from IBFAN. Lobbying for the code took place at every opportunity and with as many delegates as possible. Monitoring was done by its Third World members and periodic press conferences were held to report the findings.

The Spector and Kitsuse model is an acceptable fit for the controversy until Stage 4 had been completed. With the acceptance of the WHO Code, a value-oriented alternative had been developed. Members of IBFAN were considered "old friends" around the WHA Executive meetings. NIFAC had accepted two new members nominated by the INBC. Since lasting change occurs at institutional systemic levels, the infant formula movement's potential existed through these avenues. The current natural history model stops there.

But the intervention did not end. Rather, it entered a period of reassessment. The passage of the Code signalled a change in the movement's goals and objectives. Resources to advocate application of the Code were mobilized throughout the system. Refinements in the mission statement took place at each level of the intervention.

INFACT chapters at the grass-roots level concentrated on educating people about the need for the Code in Canada. Advocates approached hospital administrators, health ministers, and clinic specialists regarding implementation. The Code was rendered into simpler language for wider distribution. Code advocates felt this was a very important tactic.

"It was just too thick and looked complicated. You had to show people that it really wasn't. That there were things in there that were important to life here in Canada too."

At INFACT-Canada definition of the mission statement

"...was an evolutionary process a series of refined mission statements specifically related to the Nestle boycott. The statements were refined each year in light of developments in the previous year."

Similar to its smaller component, the larger social intervention also went through a definitional shift. Changes in foci were apparent as INFACT-locals began to target other formula companies. Activities were begun anew to raise public awareness of corporate impact on decisions related to infant feeding.

"We have to make people realize that the battle isn't over. Nestle is only one of who knows how many infant formula companies. The

others will just pick up where they left off if we don't keep at it."

"So now we got the Code. That's great, but it won't mean anything if we don't make sure its implemented. That's the next important thing. Otherwise it'll be like we never did anything at all."

"How can you measure success? First we gotta take care of making the government stand by the Code. Then you can ask me about success."

At the national level, INFAC-Canada changed its name. The coalition became the Infant Feeding Action Coalition. Its new mandate was as comprehensive as its name:

The focus of INFAC's work is expanding to include all the products within the scope of the WHO Code, i.e., infant formula, weaning foods, baby bottles and nipples, and feeding practices (INFAC-Canada, 1984-1985 p. 1).

Its goals for the year 1985 also reflected its broader perspective. The identified priorities focussed not only on the infant formula issue, but also on pharmaceuticals. Advocacy in both areas was to be approached within the broader context of personal, spiritual, and social justice.

The International Nestle Boycott Committee dissolved at the end of the consumer boycott. The Committee's purpose, to negotiate on behalf of the boycott network, had been served. Discussions were underway concerning the role a similar body could play as attention turned to other manufacturers.

IBFAN had established itself as an effective vehicle for significant change. Its members had become well-known around the executive offices of the WHA. The network sponsored a number of regional conferences with other international NGO's. In this way consciousness-raising and mobilization continued to occur in the international sphere.

As decided at the International Baby Milk Conference, IBFAN North America was being put into place. The General Administrator to the network outlined the future plans:

Funding will be used for skills development on the WHO Code, to promote the art of breastfeeding, and social measures. In Canada public education needs to be done about this substantive issue which leads to major health problems (INF.ACT-Canada, 1984-1985, p. 31.

With the addition of Stage 5, the natural history model becomes capable of reflecting evolution in social interventions. This ability gives it credence as a theoretical tool with which to research the process of social action.

Critique of the Research

a. Advantages of the "investigative" orientation. The research philosophy outlined by Levine (1980) was uniquely useful for this study. This was true for several key reasons.

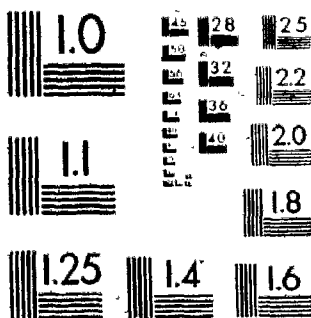
First, and most important, the philosophy helped neutralize problems of bias in the study. The infant formula controversy is highly controversial. Citizen activists and industry representatives were the primary actors in the social action. Literature and spokespeople for the two sides communicated powerful messages intended to be persuasive. Their interaction was enough to make an examination of the movement fraught with pitfalls.

The investigative philosophy emphasizes the need to gather information from a variety of sources. Authors such as Levine (1980) and Reischl et al. (1984) go on to emphasize the need for cross-verification to ensure accuracy. They suggest triangulation: Comparing data obtained from different sources to validate facts or conclusions. The facts of the matter could thus be separated from the affect of the matter.

Archival and key informant information was collected during this investigation with the intent to triangulate. In this way, factual data could be separated from subjective interpretations. The final result was a clear understanding of how the movement developed.

The notion of cross-verification served another useful purpose. It mitigated the effects of collecting historical information. The interview schedule asked informants to recount events which may have occurred years ago. Peoples' memories were sometimes hazy. Incomplete archival information sometimes added

3



to the risk of inaccuracy. Collecting written and anecdotal data from a number of different sources helped to produce a more complete historical narrative.

Finally, the orientation's focus on key informants was most appropriate. Previous investigators have stressed that people actively involved in the phenomenon are best qualified to give information about it (Reischl et al., 1984).

During the course of the study, contacts were interviewed from the boycotting movement as well as from Nestle. Interviewees shared their insights about the creation and growth of the controversy. These anecdotal perceptions helped to illuminate the richness and diversity in the data. Participants on both sides expressed views on the same issue which were diametrically opposed. A predominantly quantitative investigation would have tapped the existence of such discrepancies. However, their content would have been lost.

b. Usefulness of the Judiciary Evaluation Model (JEM). The JEM is an adversarial evaluation model. Phenomena to be studied using the model are analyzed in the context of facilitating or impeding factors. Furthermore, the JEM functions primarily to provide structure to the presentation of arguments. A research subject, such as the infant formula controversy, is chosen. Salient issues are identified, and the adversarial analysis begins. Opposing viewpoints are examined in a point-counterpoint fashion.

As the confrontation between Nestle and the boycotters unfolded, information from the two sides was produced in staggering amounts. It became increasingly difficult to determine the nature of the groups' individual positions on a particular issue. The adversarial model requires that the interface between the opposing sides be the point of inquiry. Therefore, the study basically focussed on identification of the participants' viewpoints on key issues. With this information, an accurate historical narrative could be constructed.

c. Problems Encountered. Key informants in the current study were resistant to quantitative measures. Likert-scale questions in the structured interviews were cited most often as especially inappropriate. The scale was considered to be artificial and simplistic. Respondents compensated in a number of ways. Some created new points on the scale to more closely reflect their views (e.g., 3.75). Others limited the scope of the information they reported in an attempt to accommodate the scale. Still others did not use the scale at all.

Participants also believed the quantitative scales restricted nature of their responses. They pointed out that issues of success and priority could be understood on several dimensions. Most individuals confined their answers to a single dimension, but expressed great problems with doing so. One individual stated that it was not possible to answer the question given the constraints of the Likert-scale.

The value of quantitative versus qualitative data is an on-going debate in the professional literature. Difficulties reported by informants in this study have been addressed by Campbell (1974) as well as Boruch and Shadish (1983). The former author emphasizes the need for both kinds of data in conducting research. He states that they are interdependent. Accepting one over the other limits the types of information that can be collected. The investigation itself is correspondingly weakened.

Boruch and Shadish (1983) discuss the need to match the research design with the research question. They stress that an important consideration is the decision between quantitative or qualitative data. The authors propose a succinct solution:

Bald intuitions and disciplined qualitative research should be coupled with systematic research designed to help verify those intuitions (1983, pp. 90-91).

Clearly, both kinds of data are needed to produce an accurate and robust piece of research. The question of tailoring the research design the measures does not necessarily imply that quantitative measures could not be taken. Apparently the particular scale was not appropriate. The research design was not adequately tailored to the answer the research question. When further studies of the infant formula issue are conducted a more suitable instrument will have to be found.

d. The Natural History Model: Implications for Research.

The modified natural history formulation allows the study of the developmental process of a social intervention. Further sophistication of the model may prove useful in the years to come. The infant formula controversy may be the forerunner of the next generation of social intervention. Unlike its predecessors, the movement functioned simultaneously at grass-roots, national, and international levels. If this is the shape of interventions to come, theories will be needed through which to understand the development of social action on a global scale.

One refinement of the model is suggested by the historical development of the WHO Code. Efforts leading to its creation appeared to follow the same path as the larger movement. Its history began with claims-making activities, to which an official response was made. That procedure was unacceptable, so development moved into Stage 3. Adoption of the Code was the fourth stage and activists' efforts toward implementation moved the intervention through Stage 5 and back to the beginning of the loop.

Yet the WHO Code adoption was part of the second stage in the history of the larger movement. It formed a part of the official response to claims-making activities by concerned parties. That being the case, one can hypothesize that social action at the larger, global plane will best be construed as stages within stages (See Figure 7).

The baby milk movement has not existed long enough as an intervention for other examples like the one given above to become apparent. Keeping in mind the methodological problems encountered by Fuller and Meyers (1941a), it may be premature to assert that such a pattern will develop.

However, the potential does exist. Participants in the movement stated a keen awareness that systemic change occurs over generations. They are building mechanisms into the structure of the intervention to foster longevity. When another fourteen years have elapsed, there may be more evidence for the hypothesis. At that time, further work can be done to fit the model to international social action.

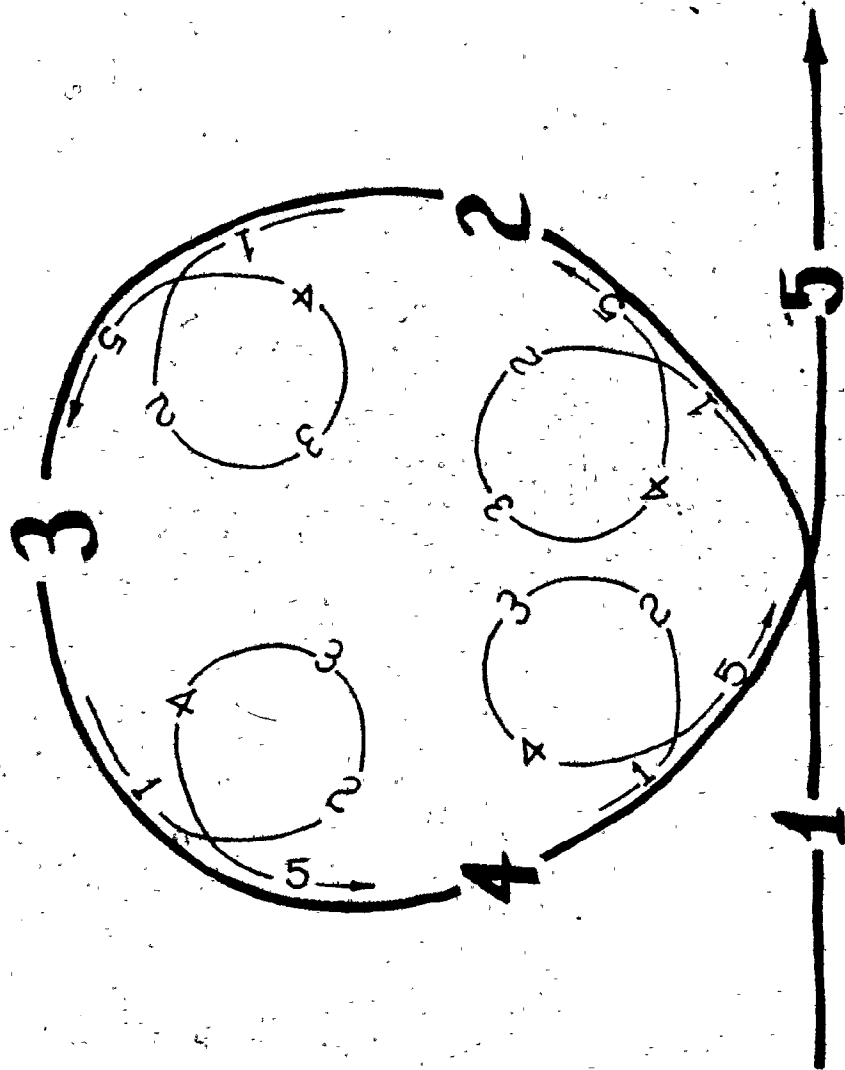


Figure 7
Stages within Stages

REFERENCE NOTES

1. First order change is another possible result of social intervention. The difference between the two is that in first order change no significant redistribution of power takes place. (Power being defined as economic, social, political, and coercive influence.) The alternatives appear to make access to goods, services, and resources more equitable, but in reality they do not. The underlying social norms and expectations have not been changed.
2. Goal Attainment Scales used in this study should not be confused with goal attainment scaling as presented by Kiresuk & Sherman (1968). These authors designed a procedure of measurement which allowed for two things to take place. First, a single client's goals could be individually defined and their attainment measured. Second, individualized scores can be transformed into standardized t-scores using a formula provided by the authors. These measures indicate how well the goal of providing effective treatment was met. Thus individual and treatment goal attainment can be assessed using the same approach. For more detailed presentations of this method see Kiresuk & Sherman (1968), Kaplan & Smith (1977), Calsyn & Davidson (1978), or Heavlin et al. (1982).
3. The package, named CONDESCRIPTIVES, provides aggregate measures of mean, variance, range, standard deviation, and standard error, kurtosis and skewness as well as information about missing observations.
4. My informant reported that helium-filled balloons had been used in the past. The problem was that the supermarket managers would burst them. So the group filled the balloons with helium and confetti; management left the balloons alone. "If they popped them, the confetti would go all over the place. It made a terrible mess."

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Appendix A

Goal Attainment Scale
Goal Setting Scale

J

-- GOAL ATTAINMENT SCALE --

1	2	3	4	5
Efforts have had no success	Efforts have had minimal success	Efforts have had moderate success	Efforts have had considerable success	Efforts have had exemplary success

Circle the appropriate number if...

- 1 ...you believe that efforts by your group have produced no observable results regarding this goal.
- 2 ...you believe your group's efforts have produced observable, but minor, results regarding this goal.
- 3 ...you believe your group's efforts have produced observable results regarding this goal.
- 4 ...you believe your group's efforts have produced powerful observable results regarding this goal.
- 5 ...you believe your group's efforts have been predominantly responsible for attaining this goal.

1. We have educated people about the problems of infant feeding practices in Canada.

1979:	1	2	3	4	5
1984:	1	2	3	4	5

Best
example:

2. We have educated people about the problems of infant feeding practices in the Third World.

1979:	1	2	3	4	5
1984:	1	2	3	4	5

Best
example:

3. We have eliminated inappropriate infant formula marketing practices in Canada.

1979:	1	2	3	4	5
1984:	1	2	3	4	5

Best
example:

4. We have eliminated inappropriate infant formula marketing practices in the Third World.

1979:	1	2	3	4	5
1984:	1	2	3	4	5

Best
example:

5. We have generated literature regarding the advantages of breastfeeding.

1979: 1 2 3 4 5
1984: 1 2 3 4 5

Best
example:

6. We have distributed literature about breastfeeding to community groups and institutions which do not encourage breastfeeding.

1979: 1 2 3 4 5
1984: 1 2 3 4 5

Best
example:

7. We have sponsored activities in support of groups and institutions which encourage breastfeeding.

1979: 1 2 3 4 5
1984: 1 2 3 4 5

Best
example:

8. We have educated people to factors in our society which discourage breastfeeding.

1979: 1 2 3 4 5
1984: 1 2 3 4 5

Best
example:

9. We have educated people to factors in other cultures which discourage breastfeeding.

1979: 1 2 3 4 5
1984: 1 2 3 4 5

Best
example:

10. We have presented insights about societal controls against breastfeeding to public decision-making groups.

1979:	1	2	3	4	5
1984:	1	2	3	4	5

Best
example:

11. We have presented insights about societal controls against breastfeeding to private decision-making groups.

1979:	1	2	3	4	5
1984:	1	2	3	4	5

Best
example:

-- GOAL SETTING SCALE --

1	2	3	4	5
Goal has no priority	Goal has limited priority	Goal has moderate priority	Goal has substantial priority	Goal has high priority

Circle the appropriate number if...

- 1 ...this goal has played no role in planning new strategies for action.
- 2 ...this goal has played a minor role in planning new strategies for action.
- 3 ...this goal has played a role in planning new strategies for action.
- 4 ...this goal has played a prominent role in planning new strategies for action.
- 5 ...this goal has played a central role in planning new strategies for action.

-- Monitoring --

1. Cooperating with IBFAN on monitoring during the next 6 months.

1 2 3 4 5

Specific
example:

2. Creating programs to train monitors as part of a joint venture between INBC and IBFAN.

1 2 3 4 5

Specific
example:

3. Encouraging ICCR to support research development programs with special emphasis on infant feeding problems of the Third World.

1 2 3 4 5

Specific
example:

-- Code Advocacy --

1. Presenting the Code to citizen and professional groups in small segments which will be most relevant to their interests.

1 2 3 4 5

Specific
example:

2. Emphasizing the Code was written to protect babies threatened by Third World marketing practices.

1 2 3 4 5

Specific
example:

3. Building public support for the issues of the baby foods campaign by whatever means possible.

1 2 3 4 5

Specific
example:

-- Medical Systems --

1. Protecting and encouraging breastfeeding, especially in places where it is now being practiced.

1 2 3 4 5

Specific
example:

2. Insuring that women have more participation in issues dealing with pregnancy and lactation.

1 2 3 4 5

Specific
example:

3. Reducing industry influence on nutrition and health care delivery

1 2 3 4 5

Specific
example:

3. Focusing on both irresponsible and responsible marketing practices; chastising or praising as applicable.

1 2 3 4 5

Specific
example:

4. Encouraging and supporting legal procedures such as reparations or wrongful death suits.

1 2 3 4 5

Specific
example:

-- Nestle Campaign --

1. Suspending the boycott for 6 months and initiating intense monitoring of Nestle marketing practices.

1 2 3 4 5

Specific
example:

2. Supporting the need for universal application of the Code.

1 2 3 4 5

Specific
example:

3. Supporting the nomination of two members to NIFAC, a violation review board, after consultation with IBFAN Coordinating Council

1 2 3 4 5

Specific
example:

4. Selecting strategic corporate targets for an international companies campaign.

1 2 3 4 5

Specific
example:

Appendix B

Archival Search Sources
Archival Search Guidelines

ARCHIVAL SEARCH SOURCES

Nestle Publications

The Delimma of Third World Nutrition
Position Paper, Nestle State of Understanding of the
WHO/UNICEF International Code of Marketing of Breastmilk Substitutes
Nestle Infant Formula Audit Commission Quarterly Reports

Boycott Movement Publications

Interfaith Council on Corporate Responsibility Brief
International Baby Food Action Network News
INFACT-Canada Newsletter
INFACT-Canada Bi-Annual Monitoring Reports
United Church Nestle Boycott Update, Quarterly Report
Minutes, Bi-Annual Decision-Making Group Meeting, 1979-1984
Proceedings and Recommendations, International Baby Milk
Conference, Mexico City, 1984

Government Publications

Proceedings of the Joint UNICEF/WHO Meeting on Infant and
Young Child Feeding, Geneva, 1979
WHO/UNICEF International Code of Marketing of Breastmilk Substitutes
WHO Bulletin
UNICEF News
UNICEF Field Manual

Business Publications

The Corporate Examiner
Journal of Contemporary Business
Forbes Magazine

Medical/Professional Publications

Primary Health Care
Studies in Family Planning
Journal of Tropical Pediatrics
Journal of Pediatrics
Pediatrics
Food Monitor

Canadian Medical Association Journal
British Medical Journal
American Journal of Clinical Nutrition

Counterculture Publications

Mother Jones
Multinational Monitor
New Internationalist

Additional Resources

International Baby Food Action Network Start-up Pak
Ministry of Health and Welfare Breastfeeding Kit
Laleche League Health Promotion Program Packet
Films: "The Formula Factor"
"Bottle Babies"
"Into the Mouths of Babes"

ARCHIVAL SEARCH GUIDELINES

SOURCE:

Date:

1) CREATION OF A SETTING:

- a. Individuals' previous history with the infant foods controversy:
- b. Formation of the core group:
- c. Definition of mission statement:

2) SURVIVAL ISSUES:

- a. Type of funding:
☐ PrvtOwn ☐ Dontn ☐ GvtFd
- b. Recruitment integration of new members:
- c. Organizational structure, resource mobilization:
(Decision-making hierarchy, channels of acquisition)
- d. Consider the history of your efforts in three periods of time, 1978-1980, 1981-1982, 1983-1984. In each period, what response to your activities did you typically receive from

Opposing advocacy groups

☐ RatDeb _____

☐ Indiff _____

☐ Hos _____

Larger society

☐ SympSupp _____

☐ RatDeb _____

☐ Indiff _____

☐ Hos _____

3) GROSS INDICATORS OF CHANGE

Major Issue Areas:

a. Action Strategies:

☐ Written Documents

☐ Public Speaking

☐ Pressure Tactics

☐ Legal Action

☐ Monitoring

☐ Networking

☐ Site Visits

☐ Research and Development

☐ Media

☐ Boycott

☐ Journal Articles

☐ Negotiation

b. Audience:

☐ Indivs ☐ Grps ☐ Orgs ☐ GenPub

(Specify) _____

c. Topic: ☐ ConRais ☐ EconPol ☐ MrlIss ☐ ResMob ☐ PosStat

d. Geographic Emphasis: ☐ Nat ☐ Indus ☐ IntUnd
(Specify: _____)

e. Linkage with other groups:

☐ Locally _____

☐ Provincially _____

☐ Internationally _____

4) a. Perceived success at goal attainment in the national context?
Measured in terms of: _____

(1978 to 1980) (1981 to 1982) (1983 to 1984)

GrtSucc 1 _____

2 - - - - -

ModSucc 3 _____

4 - - - - -

NoSucc 5 _____

b. In the international context?

Measured in terms of: _____

(1978 to 1980) (1981 to 1982) (1983 to 1984)

GrtSucc 1 _____

2 - - - - -

ModSucc 3 _____

4 - - - - -

NoSucc 5 _____

Appendix C

Initial Contact Letter
Preamble Statement
Structured Interviews

INITIAL CONTACT LETTER: NESTLE

Dear

The infant foods controversy between citizen groups and Nestle, Inc. has been going on for quite some time. The agreement suspending the Nestle Boycott recently signed in New York was a major event in the history of this confrontation. As such, it signalled a turning point, a time for reflection and review.

As an M.A. candidate in the Social Community Psychology program at Wilfrid Laurier University, I am most interested in gaining a better understanding of the Nestle-Infact controversy. Community psychology stresses the importance of understanding the factors which lead to and sustain citizen involvement and social action. Both these elements were very much a part of the infant foods controversy. I believe an in-depth look at the events surrounding the Nestle Boycott is both important and timely. The information generated by this study will be used to meet my degree requirement to produce a master's thesis.

The goal of my research is to generate a historical documentation of the controversy from when it first came to public attention in 1978 to the milestone agreement in 1984. The relevant issues are: formation of advocacy groups, either in support of the citizens or the Nestle viewpoint; survival concerns faced by groups on both sides of the issue; and gross indicators of change in goal setting and attainment for the two groups during the course of the confrontation. In this endeavor, I see my role as the objective observer collecting information from participants on both sides of the controversy. I want to be able to re-create an accurate picture of the confrontation as it took shape here in Canada.

This letter of introduction is also a request for your input into my examination of the inherent issues. I have asked you to participate because REFERRAL SOURCE REFERRAL SOURCE REFERRAL SOURCE

Your participation is, of course, voluntary. If you do not want to be included in this interview process, you have every right to refuse. All information you give me, as well as that from others I will be speaking with, will be kept confidential. It is my hope that you will be willing to offer your insights into the archival data which I have collected to date. I am particularly interested in your thoughts regarding SPECIFICALLY RELATED TO SPECIFICALLY RELATED TO Our interview would require about an hour and a half of your time, and could be conducted either face-to-face or over the telephone.

Thank you for having read my request. I will be contacting you within the next two weeks to see whether you would be willing to be interviewed.

Yours truly,

Dé Bryant
M.A. Candidate

INITIAL CONTACT LETTER: INFAC

Dear

The infant foods controversy between citizen groups and Nestle, Inc. has been going on for quite some time. The agreement suspending the Nestle Boycott recently signed in New York was a major event in the history of this confrontation. As such, it signalled a turning point, a time for reflection and review.

Acting on that idea, I worked in collaboration with David Hallman to begin a historical assessment of the INFAC movement. The first phase of the project was begun in February of this year. Questionnaires were sent to people all over Canada who are involved in INFAC groups. The compilation of that information was successfully completed in the fall. Your input into the data collection process was most appreciated. The results are available to you through David Hallman, United Church House, 85 St. Clair Avenue, East, Toronto, Ontario M4T 1M8.

The second part of the assessment will be in the form of personal interviews. My goal is to produce a historical narrative of the controversy from when it first came to public attention in 1978 to the milestone agreement in 1984. I would like to talk with you about the decisions which led to your forming an INFAC group, the survival issues you may have faced as a group, and any major changes in perspective or action strategies which may have occurred during the course of the confrontation. Our interview will require about an hour and a half of your time, and could be done either face-to-face or over the telephone.

As an M.A. candidate in the Social Community Psychology program at Wilfrid Laurier University, I am most interested in gaining a better understanding of the INFAC-Nestle controversy. Community psychology stresses the importance of citizen involvement and social action. Both these elements were very much a part of the infant foods controversy. I believe an in-depth look at the events surrounding the Nestle Boycott is both important and timely. The personal interviews, along with archival information (magazine or newspaper articles, books, etc.), will complete the assessment. These documents will be used to meet my degree requirement to produce a master's thesis.

Your participation is, of course, voluntary. If you do not want to be included in this interview process, you have every right to refuse. All information you give me, as well as that from others I will be speaking with, will be kept confidential. It is my hope that you will be willing to offer your insights into the information I have collected to date. I will be contacting you within the next two weeks to see whether you would be willing to be interviewed.

Yours truly,

De Bryant
Assessment Co-Ordinator

PREAMBLE TO KEY INFORMANT INTERVIEW

Before actually beginning this interview, let me remind you of the purpose of this study. The goal of my research is to produce a historical documentation of the infant foods controversy from when it first came to public attention in Canada in 1978 to the milestone agreement in 1984. My bias is one of the objective observer; that is, I see my role as collecting information from participants on both sides of the controversy. I want to be able to generate an accurate picture of how the confrontation was originally sparked, the factors leading to its growth and development, and the indications of change in its goals or foci. In order to accomplish this I will be talking to actively involved individuals from citizen groups as well as Nestle. My final product will, in this way, be as impartial as possible.

I have asked you to participate because...

...your name was prominently mentioned in archival data I have collected regarding _____.

...your name was suggested to me by _____ as someone else well-informed about _____.

Your participation is, of course, voluntary and if you do not want to be included in this study, you have every right to refuse. Also, if at any time during this interview you feel that you want to withdraw from participation, let me know and we will end the interview. All information you give me, as well as that from others I will be speaking with, will be kept confidential. Details which could be used as personal identifiers will be removed from the interview transcript. This transcript will be labelled with a serial number only. The master list matching name, transcript, and serial number will be stored in a locked cabinet accessible only to myself.

If you would like a copy of the results, I would be happy to mail one to you after I have interviewed all the persons in the study.

Serial No. _____

STRUCTURED INTERVIEW: INFACIT

SOURCE:

Date: _____

1. What were your experiences in terms of beginning an INFACIT group?
 - a. Previous history with the infant foods controversy?
 - b. Formation of core group?
 - c. Definition of mission statement?
- 2) During the course of the campaign what kinds of issues have you faced as a citizens' action group in terms of.
 - a. Economic considerations?
PROMPT: How are the group's activities funded?
☐ PrvtOwn ☐ Dontr ☐ GvtFd
 - b. Recruitment/integration of new members?
PROMPT: Maintaining ideological consistency within the group?
 - c. Organizational structure, resource mobilization?
PROMPT: Decision-making hierarchy, formal as well as informal? Channels of acquisition?

- d. Consider the history of your efforts in three periods of time. 1978-1980, 1981-1982, and 1983-1984. In each period, what response to your activities did you typically receive from

Opposing advocacy groups

- ☐ RatDeb _____
☐ Indiff _____
☐ Hos _____

Larger society

- ☐ SympSupp _____
☐ RatDeb _____
☐ Indiff _____
☐ Hos _____

- 3) a. Can you provide examples of your action strategies?

- | | |
|--|---|
| <input type="checkbox"/> Written Documents | <input type="checkbox"/> Site Visits |
| <input type="checkbox"/> Public Speaking Engagements | <input type="checkbox"/> Research and Development |
| <input type="checkbox"/> Pressure Tactics | <input type="checkbox"/> Media |
| <input type="checkbox"/> Legal Action | <input type="checkbox"/> Boycott |
| <input type="checkbox"/> Monitoring | <input type="checkbox"/> Journal articles |

- b. In your opinion, for the period,

1978 to 1980 your primary strategy was _____
 1981 to 1982 _____
 1983 to 1984 _____

- 4) During these time periods, did you consider your primary audience to be

PROMPT: Individuals (e.g., new mothers, executives, MP's).
 Groups (e.g., church clubs, local special interest groups).
 Organizations (e.g., ministries, professional associations).
 General public.

3

	(1978 to 1980)	(1981 to 1982)	(1983 to 1984)
Indiv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orgs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GenPub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 5) Again using these time periods, estimate what percentage of your activities were designed with an emphasis on:
 PROMPT: Raising awareness about important issues of the baby milk controversy (e.g., problematic infant feeding practices). Economic and/or political issues (e.g., industry's role in shaping social mores about breastfeeding). Moral issues (e.g., cultural expectations regarding breastfeeding/bottlefeeding).

	(1978 to 1980)	(1981 to 1982)	(1983 to 1984)
ConRais	_____ %	_____ %	_____ %
EconPol	_____ %	_____ %	_____ %
MrlIss	_____ %	_____ %	_____ %

- 6) a. One goal of the baby milk campaign has been to address issues of infant care in the Canadian context. How would you characterize the priority given the national context in your group's planning for new action strategies?

	(1978 to 1980)	(1981 to 1982)	(1983 to 1984)
HiPrior	1 _____		
	2 -----		
ModPrior	3 _____		
	4 -----		
NoPrior	5 _____		

- b. Another goal has been to address issues of infant care in other industrialized countries and in the Third World. How would you characterize the priority given this international context in your group's planning for new action strategies?

(1978 to 1980) (1981 to 1982) (1983 to 1984)

HiPrior 1 _____

2-----

ModPrior 3 _____

4-----

NoPrior 5 _____

7) Do you work with other INFAC groups to carry out your efforts

a. Within the _____ area? ☐ YES ☐ NO

(If YES, specify) _____

b. In other provinces? ☐ YES ☐ NO

(If YES, specify) _____

c. In another country? ☐ YES ☐ NO

(If YES, specify) _____

8) a. How successful do you feel your activities have been in terms of
attaining the goals you set in the national context?

(1978 to 1980) (1981 to 1982) (1983 to 1984)

GrtSucc 1 _____

2-----

ModSucc 3 _____

4-----

NoSucc 5 _____

b. In the international context?

_____ (1978 to 1980) (1981 to 1982) (1983 to 1984)

GrtSucc 1 _____

2 - - - - -

ModSucc 3 _____

4 - - - - -

NoSucc 5 _____

Serial No. _____

STRUCTURED INTERVIEW: NESTLE

SOURCE:

Date:

1. What were your experiences in terms of beginning a Nestle group?
 - a. Previous history with the infant foods controversy?
 - b. Formation of core group?
 - c. Definition of mission statement?
- 2) During the course of the campaign what kinds of issues have you faced as a Nestle representative in terms of.
 - a. Economic considerations?
PROMPT: How are the group's activities funded?
☐ PrvtOwn ☐ Dontn ☐ GvtFd
 - b. Recruitment, integration of new members?
PROMPT: Maintaining ideological consistency within the group?
 - c. Organizational structure, resource mobilization?
PROMPT: Decision-making hierarchy, formal as well as informal? Channels of acquisition?

- d. Consider the history of your efforts in three periods of time. 1978-1980, 1981-1982, 1983-1984. In each period, what response to your activities did you typically receive from

Opposing advocacy groups

Larger society

☐ RatDeb _____

☐ SympSupp _____

☐ Indiff _____

☐ RatDeb _____

☐ Hos _____

☐ Indiff _____

☐ Hos _____

- 3) a. Can you provide examples of your action strategies?

☐ Written Documents

☐ Site Visits

☐ Public Speaking Engagements

☐ Research and Development

☐ Pressure Tactics

☐ Media

☐ Legal Action

☐ Boycott

☐ Monitoring

☐ Journal Articles

- b. In your opinion, for the period

1978 to 1980 your primary strategy was _____

1981 to 1982 _____

1983 to 1984 _____

- 4) During these time periods, did you consider your primary audience to be

PROMPT: Individuals (e.g., new mothers, executives, MP's).
Groups (e.g., church clubs, local special interest groups).
Organizations (e.g., ministries, professional associations).
General public.

	(1978 to 1980)	(1981 to 1982)	(1983 to 1984)
Indiv	[]	[]	[]
Grps	[]	[]	[]
Orgs	[]	[]	[]
GenPub	[]	[]	[]

- 5) Again using these time periods, estimate what percentage of your activities were designed with an emphasis on:
 PROMPT: Raising awareness about important issues of the baby milk controversy (e.g., problematic infant feeding practices). Economic and/or political issues (e.g., industry's role in shaping social mores about breastfeeding). Moral issues (e.g., cultural expectations regarding breastfeeding/bottlefeeding).

	(1978 to 1980)	(1981 to 1982)	(1983 to 1984)
ConRais	_____ %	_____ %	_____ %
EconPol	_____ %	_____ %	_____ %
MrlIss	_____ %	_____ %	_____ %

- 6) a. One goal of the baby milk campaign has been to address issues of infant care in the Canadian context. How would you characterize the priority given the national context in your group's planning for new action strategies?

	(1978 to 1980)	(1981 to 1982)	(1983 to 1984)
HiPrior	1 _____		
	2 - - - - -		
ModPrior	3 _____		
	4 - - - - -		
NoPrior	5 _____		

- b. Another goal has been to address issues of infant care in other industrialized countries and in the Third World. How would you characterize the priority given this international context in your group's planning for new action strategies?

(1978 to 1980) (1981 to 1982) (1983 to 1984)

HiPrior 1 _____

2-----

ModPrior 3 _____

4-----

NoPrior 5 _____

7) Do you work with other Nestle groups to carry out your efforts

a. Within the _____ area? ☐ YES ☐ NO

(If YES, specify) _____

b. In other provinces? ☐ YES ☐ NO

(If YES, specify) _____

c. In another country? ☐ YES ☐ NO

(If YES, specify) _____

8) a. How successful do you feel your activities have been in terms of
attaining the goals you set in the national context?

(1978 to 1980) (1981 to 1982) (1983 to 1984)

GrtSucc 1 _____

2-----

ModSucc 3 _____

4-----

NoSucc 5 _____

b. In the international context?

(1978 to 1980) (1981 to 1982) (1983 to 1984)

GrtSucc 1 _____

2 - - - - -

ModSucc 3 _____

4 _____

GrtSucc 5 _____

Appendix D
Contents Analysis Guidelines
Tables
Figures

CONTENT ANALYSIS BREAKDOWN

- Creation of Settings

Q-ARCHMAGIC: 1a, 1b, 1c

Q-MAGICINF/Q-MAGICNET: 1a, 1b, 1c

- Survival Issues

Q-ARCHMAGIC: 2a, 2b, 2c, 2d

Q-MAGICNET/Q-MAGICINF: 2a, 2b, 2c, 2d

- Indicators of Change

Q-ARCHMAGIC: 3a, 3b, 3c, 3d, 3e, 3f

Q-MAGICINF/Q-MAGICNET: 3a, 3b, 4, 5, 6a, 6b, 7a, 7b, 7c

- Perception of Success

Q-ARCHMAGIC: 5a, 5b

Q-MAGICNET/Q-MAGICINF: 8a, 8b

LEGEND

Q-ARCHMAGIC: Archival Search Guidelines

Q-MAGICINF: Structured Interview, INFAC

Q-MAGICNET: Structured Interview, Nestle

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12-IV-85

CONTENT ANALYSIS GUIDELINES

MAJOR ISSUE AREA: AUDIENCE (AUD)

If any part of the answer referred to the persons toward whom a group focussed their activities.

- Individuals (Indivs): activities directed toward individuals with emphasis on their roles in society, a profession, or politics

e.g., Doctors, Public Health Nurses, Lawyers
Parents, Mothers of newborns
MPs, Deputy Ministers, Ministers

- Groups (Grps): activities directed toward groups with loosely defined organizational structure, sphere of influence primarily restricted to local community. Special interest groups, i.e., groups whose activities and apparent sympathies are directed toward a particular population or topic area

e.g., LaLeche League, Church Groups, Pregnancy and Birth Classes
Steering Committees, Boards of Directors
Other INFAC/Nestle supporter groups

- Organizations (Orgs): activities directed toward organizations characterized by complex organizational structure, sphere of influence which extends to provincial and/or federal levels. Special interest organizations whose activities and apparent sympathies are directed toward a specific population or topic

e.g., General Hospitals, Mental Hospitals
Infant Foods Companies, Professional Associations
Provincial Ministries, Federal Ministries

- General Public (GenPub): activities directed toward the populace in general regardless of special interests, group or organizational membership, socio-economic role

MAJOR ISSUE AREA: TOPIC (TPC)

If any part of the answer referred to the kind of information on which a group chose to focus.

- Consciousness-Raising (ConRais): activities whose purpose was to bring to the attention of the audience objective facts and subjective issues inherent to the baby milk controversy.

e.g., Need for systemic change within the health care system
Stress citizen involvement in Nestle/INFACT groups
Statistics on infant mortality rates
Education about problematic infant feeding practices

- Economic-Political (EconPol): activities whose purpose was to bring to the attention of the audience the influence of the economic political milieu on issues inherent to the baby milk controversy

e.g., Rationale for/against WHO Code
Comprehensiveness of marketing guidelines in WHO Code
Monitoring marketing practices by Nestle
Pragmatics of implementing the WHO Code
Governmental support/resistance to adopting the WHO Code
Influence of ads on decisions to bottlefeed/breastfeed

- Moral Issues (MrlIss): activities whose purpose was to bring to the attention of the audience spoken and unspoken societal controls on issues inherent to the baby milk controversy

e.g., Cultural norms which encourage/discourage breastfeeding
Ethics of providing education about pregnancy/lactation
Roles of women/men in decisions effecting infant care

- Resource Mobilization (ResMob): activities whose purpose was to co-ordinate the use of person, financial, physical, or other resources.

e.g., Workshops on building a local advocacy network
Agreements for in-kind exchanges between groups
Co-Ordinator's report on clearinghouse duties

- Position Statement (PosStat): activities whose purpose was to present or clarify a group's official response to or stand on an issue/event

e.g., Nestle Statement of Understanding
INBC Position Paper Regarding the Boycott
Policy Paper for the Confederation of
Christian Businesspeople

MAJOR ISSUE AREA: ACTION TACTICS (ACTS)

If any part of the answer referred to the vehicle a group chose in order to transmit its topic to an audience.

- Written Documents (WritDoc)

- e.g., Pamphlets, Brochures, Leaflets
Information booklets
Monitoring guidelines drawn up by Neslte/INFACT groups
- Public Speaking Engagements (PubSpk)
 - e.g., Town meetings, Public Forums
Presentations at school assemblies, council meetings
Presentations before governmental hearings
- Pressure Tactics (PressTac)
 - e.g., Lobbying, Marches, Rallies
Letter writing campaigns
- Monitoring (Mntrg)
 - e.g., Official reports from NIFAC, INFACT groups
Reports submitted by individuals
Surveys conducted by citizen groups
- Site Visits (SitVit)
 - e.g., Visiting hospitals, maternity wards
Visiting neonatal care wards
- Research and Development (R&D)
 - e.g., Identifying company holdings and affiliations
Compiling statistics on infant mortality rates
Developing educational packet on pregnancy/lactation
- Media (Med)
 - e.g., Newspaper articles
Television and radio talk shows
Films
- Legal Action (LgtAct)
 - e.g., Repagation suits
Retaining a legal advisor
- Boycott (Bycvt)
 - e.g., Conscious refusal to use products and/or services
Involving major multinational companies
Involving subsidiaries/affiliates of multinationals
- Journal Articles (JrnlArt)
 - e.g., Canadian Journal of Community Psychology
Harvard Business Review, Journal of Social Issues

Monographs, Special Issues, Guest Editorials

- Networking (Ntwk)

- e.g., Forming working relationships with other NGO's
 - Sending notices to endorsing groups about upcoming events
 - Appointing a liason person to a supporting organization

- Negotiation (Neg)

- e.g., Direct meetings between INBC and Nestle
 - Meetings between industry representatives
 - activists groups

MAJOR ISSUE AREA: GEOGRAPHIC EMPHASIS (GEOG)

If any part of the answer referred to the geographic area where a group concentrated its activities.

- National (Nat): activities directed toward the populace of Canada.

- Industrialized (Indus): activities directed toward the populace of another industrialized country

- e.g., United States
 - Europe

- International/Underdeveloped (IntUnd): activities directed toward the populace of underdeveloped countries

- e.g., Third World countries
 - Latin American countries
 - African countries

QUESTION: Survival issues regarding funding?

"business of the group": Personnel Costs, Administration Costs,
Rental Costs, Publicity/Advertising Costs, Action Strategy Costs

- Private Ownership (PrvtOwn): at least 60% of the money used to conduct the business of the group is supplied by the group members
- Donation (Dontn): at least 60% of the money used to conduct the business of the group is supplied by donations from individuals, non-profit special interest groups, or non-profit organizations
- Government Funded (GvtFd): at least 60% of the money used to conduct the business of the group is supplied by municipal, provincial, or federal institutions which are part of the existing ministerial structure

QUESTION: Survival issues regarding typical response...?

- Sympathy/Support (SympSupp): movement is positively viewed and is given either tacit or explicit assistance in attaining its goals
- Rational Debate (RatDeb): movement gains legitimate entry into public forums and engages in socially sanctioned growth
- Indifference (Indiff): movement is considered nontthreatening, but rather odd and peculiar so it is isolated and ignored
- Hostility (Hos): movement is defined as dangerous to society's stability and evokes strong opposition and concerted efforts to discredit it

QUESTION: Priority of baby milk issues in (inter)national context...?

- No Priority (NoPrior): issues played no role in planning new strategies for action
- Limited Priority (LimPrior): issues played a minor role in planning new strategies for action
- Moderate Priority (ModPrior): issues played a role in planning new strategies for action
- Substantial Priority (SubsPrior): issues played a prominent role in planning new strategies for action
- High Priority (HiPrior): issues played a central role in planning new strategies for action

QUESTION: Perceived success...?

- No Success (NoSucc): you believe that efforts by your group have produced no observable results regarding this goal
- Minimal Success (MinSucc): you believe that efforts by your group produced observable, but minor, results regarding this goal
- Moderate Success (ModSucc): you believe that efforts by your group have produced observable results regarding this goal
- Considerable Success (ConSucc): you believe that efforts by your group have produced powerful observable results regarding this goal
- Great Success (GrtSucc): you believe that efforts by your group have been predominantly responsible for attaining this goal

TABLE 1
SUMMARY TABLE
Creation of Settings

INFACT

NESTLE

a. Previous history with the infant foods controversy?

33% - became involved through someone
44% - recruited as a function of organizational affiliations
23% - Other

67% - recruited as a function of expertise
33% - Other

b. Formation of core group?

72% - individuals with organizational affiliations
28% - Other

33% - concerned employees
33% - cross-section of groups concerned with controversy
33% - health/nutritional professionals

c. Definition of mission statement?

50% - end aggressive marketing in developing countries
30% - to endorse the boycott aims and demands, advocate for the WHO Code
12% - Other

33% - create a nutrition research center
33% - to end the boycott in Canada
33% - to monitor Nestle compliance with publicly stated aims

TABLE 2
SUMMARY TABLE
Survival Issues

INFACT

NESTLE

a. Economic considerations?

61% - donations/grants, mostly
volunteer

28% - fundraising

11% - other

66% - within corporate system

33% - outside corporate system, block
grants, fee-for-service

b. Maintaining ideological consistency?

78% - no problem:
• clearcut issue of corporate
irresponsibility
• members' compatibility
• well-defined mission statement

22% - No serious problems

100% - no problem:
• clearcut issue of misrepresen-
tation and misunderstanding
• professional homogeneity
• well-defined mission statement

c. Decision-making hierarchy, channels of acquisition?

Decision-making:

89% - group consensus

11% - consultative, democratic

Decision-making:

33% - consultation

33% - vertical administration

33% - group consensus

Resource acquisition:

72% - personal contacts, network
linkage

28% - other

Resource acquisition:

67% - through corporate system

33% - personal contacts, network
linkage

TABLE 3
CONTENT ANALYSIS
Archival Data Search
Action Tactics*

	1978-80	1981-82	1983-84	
(WritDoc)				
Nestle Publications	--	17	13	
INFACT Publications	20	11	17	
Government Publications	--	4	2	
Business Publications	1	1	--	
Medical/Professional Publications	--	--	--	
Countercultural Publications	4	9	10	
Total	25	42	42	✓109
(PubSpk)				
Nestle Publications	---	1	1	
INFACT Publications	12	6	1	
Government Publications	--	3	--	
Business Publications	--	--	1	
Medical/Professional Publications	--	--	--	
Countercultural Publications	3	4	4	
Total	15	14	7	36

	1978-80	1981-82	1983-84	
(PressTac)				
Nestle Publications	--	--	1	
INFACT Publications	9	11	13	
Government Publications	--	1	1	
Business Publications	1	1	1	
Medical/Professional Publications	--	--	--	
Countercultural Publications	3	6	7	
Total	13	19	23	55

(Mntrg)				
Nestle Publications	--	14	6	
INFACT Publications	7	11	19	
Government Publications	1	4	1	
Business Publications	--	5	1	
Medical/Professional Publications	--	--	1	
Countercultural Publications	--	8	13	
Total	8	42	41	91

	1978-80	1981-82	1983-84	
(SitVit)				
Nestle Publications	--	10	3	
INFACT Publications	1	3	--	
Government Publications	--	2	--	
Business Publications	--	--	--	
Medical/Professional Publications	--	--	--	
Countercultural Publications	3	3	3	
Total	4	18	6	28

(R&D)				
Nestle Publications	1	3	8	
INFACT Publications	2	5	2	
Government Publications	--	4	1	
Business Publications	--	--	--	
Medical/Professional Publications	--	--	1	
Countercultural Publications	2	4	4	
Total	5	16	16	37

	1978-80	1981-82	1983-84	
(Med)				
Nestle Publications	--	5	8	
INFACT Publications	13	9	1	
Government Publications	--	--	--	
Business Publications	1	8	9	
Medical/Professional Publications	--	--	--	
Countercultural Publications	5	4	2	
Total	19	26	20	65

(LglAct)				
Nestle Publications	--	--	4	
INFACT Publications	--	2	--	
Government Publications	1	1	1	
Business Publications	--	1	2	
Medical/Professional Publications	--	--	3	
Countercultural Publications	1	5	4	
Total	2	9	14	25

	1978-80	1981-82	1983-84	
(Bycctt)				
Nestle Publications	--	--	1	
INFACT Publications	22	25	9	
Government Publications	--	--	--	
Business Publications	2	3	--	
Medical/Professional Publications	--	--	--	
Countercultural Publications	5	8	5	
Total	29	36	15	80

(Jrn1Art)				
Nestle Publications	--	1	--	
INFACT Publications	1	1	--	
Government Publications	--	--	--	
Business Publications	3	2	--	
Medical/Professional Publications	6	2	4	
Countercultural Publications	--	2	1	
Total	10	8	5	23

	1978-80	1981-82	1983-84	
(Ntwk)				
Nestle Publications	--	15	12	
INFACT Publications	24	16	18	
Government Publications	1	3	1	
Business Publications	1	1	1	
Medical/Professional Publications	--	--	1	
Countercultural Publications	3	* 12	13	
Total	29	47	46	122

(Neg)				
Nestle Publications	--	--	2	
INFACT Publications	1	1	2	
Government Publications	--	--	--	
Business Publications	2	1	--	
Medical/Professional Publications	--	--	--	
Countercultural Publications	--	--	1	
Total	3	2	5	10

*see Content Analysis Breakdown
for explanation of abbreviations

TABLE 4
CONTENT ANALYSIS
Archival Data Search
Audience *

	1978-80	1981-82	1983-84	
(Indivs)				
Nestle Publications	--	6	27	
INFACT Publications	23	19	23	
Government Publications	1	5	1	
Business Publications	2	--	--	
Medical/Professional Publications	3	2	3	
Countercultural Publications	2	10	14	
Total	31	42	68	141
(Grps)				
Nestle Publications	--	7	20	
INFACT Publications	23	26	22	
Government Publications	1	5	1	
Business Publications	--	--	--	
Medical/Professional Publications	--	--	--	
Countercultural Publications	2	10	17	
Total	26	48	60	134

	1978-80	1981-82	1983-84	
(Orgs)				
Nestle Publications	--	6	24	
INFACT Publications	23	27	22	
Government Publications	1	5	2	
Business Publications	--	--	--	
Medical/Professional Publications	--	--	--	
Countercultural Publications	5	10	14	
Total	29	48	62	139

(GenPub)				
Nestle Publications	--	6	13	
INFACT Publications	20	3	--	
Government Publications	--	2	--	
Business Publications	5	6	8	
Medical/Professional Publications	2	--	2	
Countercultural Publications	4	4	3	
Total	31	21	26	78

*see Content Analysis Breakdown
for explanation of abbreviations

TABLE 5
CONTENT ANALYSIS
Archival Data Search
Topic*

(ConRais)				
Nestle Publications	--	2	5	
INFACT Publications	17	4	2	
Government Publications	--	1	1	
Business Publications	5	2	3	
Medical/Professional Publications	6	1	1	
Countercultural Publications	6	7	9	
Total	34	17	21	72

(EconPol)				
Nestle Publications	--	5	25	
INFACT Publications	1	9	5	
Government Publications	1	3	1	
Business Publications	2	4	6	
Medical/Professional Publications	--	1	3	
Countercultural Publications	--	5	10	
Total	4	27	50	81

	1978-80	1981-82	1983-84
(MrIss)			
Nestle Publications	--	1	1
INFACT Publications	--	2	--
Government Publications	1	1	--
Business Publications	1	--	--
Medical/Professional Publications	--	--	2
Countercultural Publications	--	--	--
Total	2	4	3 9

(ResMob)			
Nestle Publications	--	4	--
INFACT Publications	19	17	13
Government Publications	1	1	--
Business Publications	--	--	1
Medical/Professional Publications	--	--	--
Countercultural Publications	3	7	10
Total	23	29	24 76

	1978-80	1981-82	1983-84	
(PosStat)				
Nestle Publications	--	5	9	
INFACT Publications	1	4	6	
Government Publications	1	--	--	
Business Publications	--	--	--	
Medical/Professional Publications	--	--	--	
Countercultural Publications	--	4	3	
Total	2	13	18	33

*see Content Analysis Breakdown
for explanation of abbreviations

TABLE 6
CONTENT ANALYSIS
Archival Data Search
Geographic Emphasis *

	1978-80	1981-82	1983-84	
(Nat)				
Nestle Publications	--	--	--	
INFACT Publications	23	20	20	
Government Publications	--	1	--	
Business Publications	1	--	1	
Medical/Professional Publications	1	--	--	
Countercultural Publications	2	5	2	
Total	27	26	23	76
(Indus)				
Nestle Publications	--	2	11	
INFACT Publications	9	6	6	
Government Publications	1	4	2	
Business Publications	4	1	3	
Medical/Professional Publications	5	--	3	
Countercultural Publications	2	11	14	
Total	21	24	39	84

	1978-80	1981-82	1983-84	
(IntUnd)				
Nestle Publications	--	8	18	
INFACT Publications	6	11	7	
Government Publications	1	5	1	
Business Publications	2	5	4	
Medical/Professional Publications	3	2	2	
Countercultural Publications	4	10	13	
Total	16	41	45	102

*see Content Analysis Breakdown
for explanation of abbreviations

Figure 1
Content Analysis
Structured Interview: IMPACT
Indicators of Change
Primary Tactic*

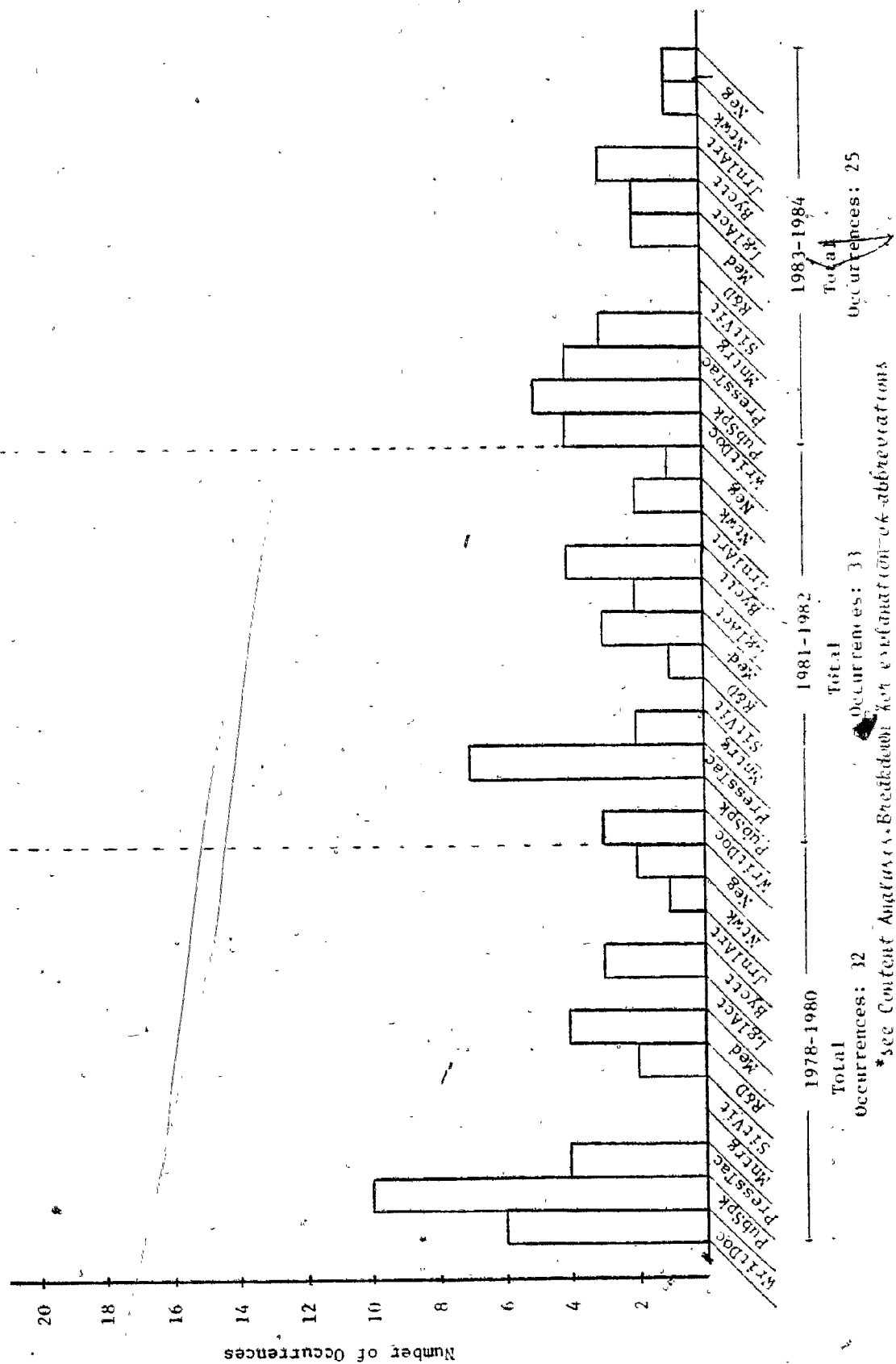
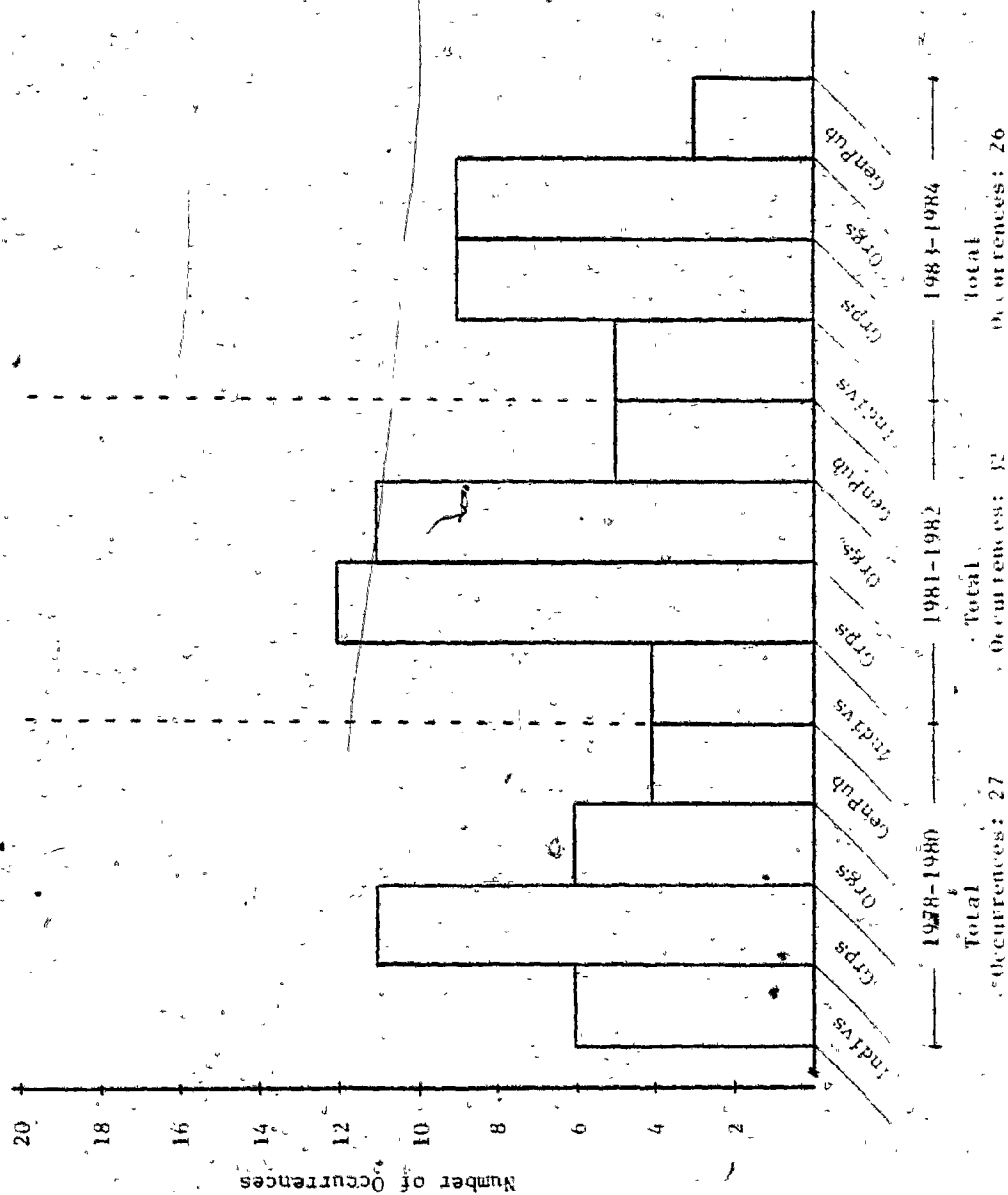


Figure 3
Content Analysis
Structured Interview: IMPACT
Indicators of Change
Primary Audience*



*See Content Analysis
Breakdown for
explanation of
abbreviations

Figure 4
Content Analysis
Structured Interview: Nestle
Indicators of Change
Primary Audience*

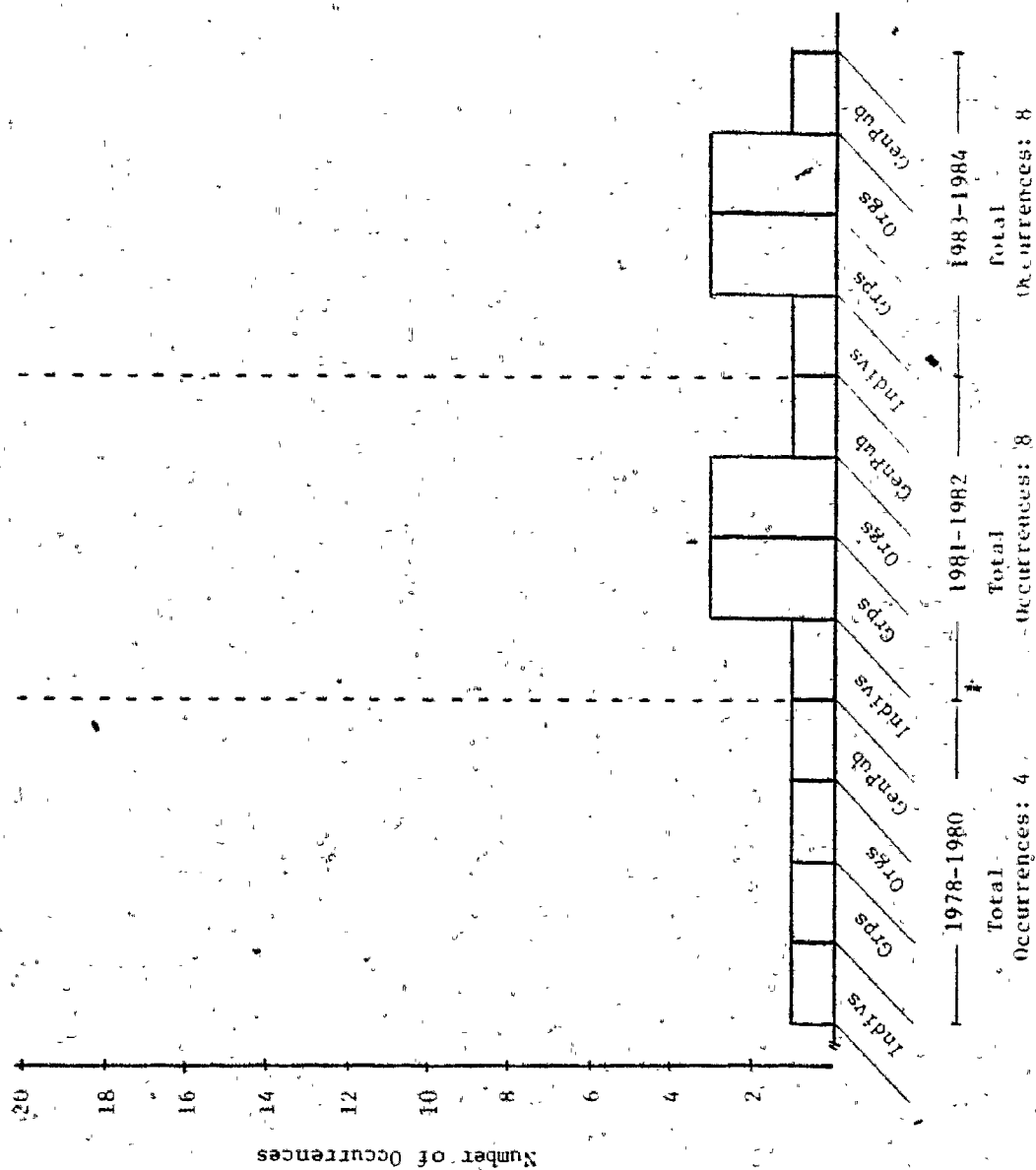
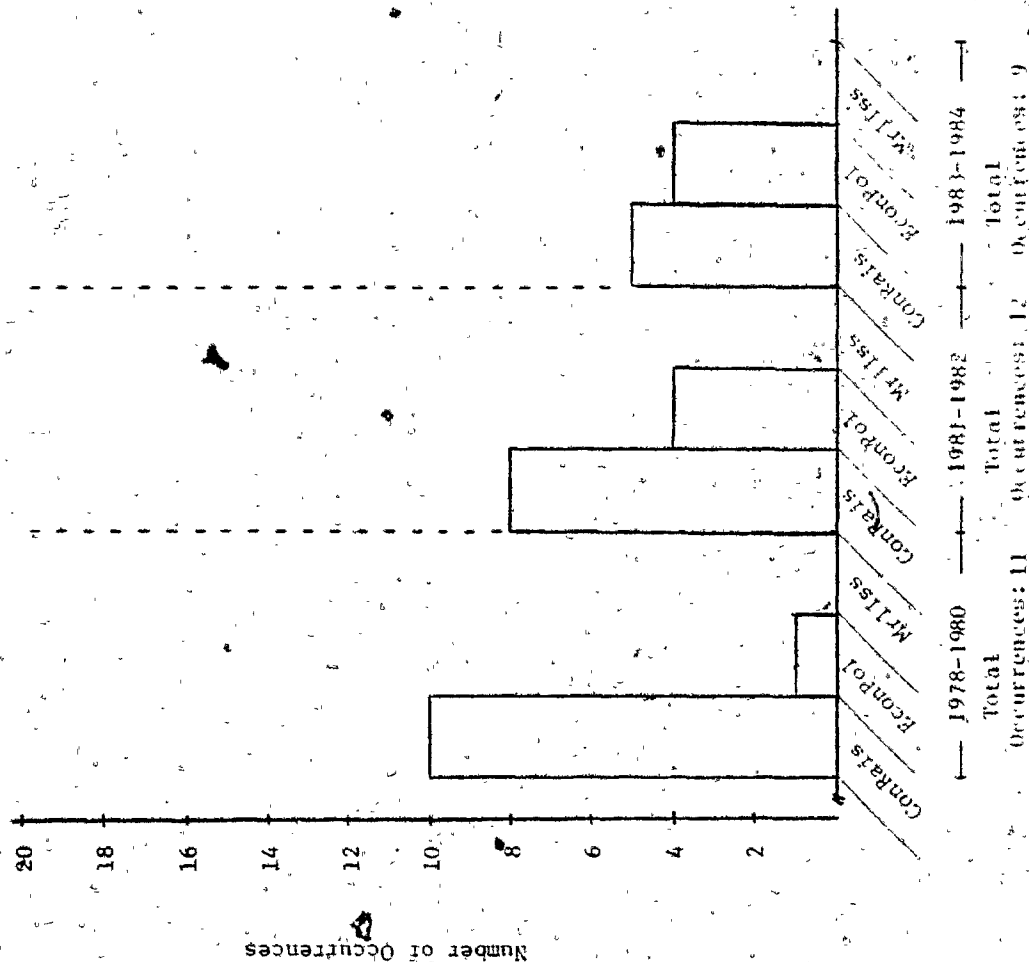
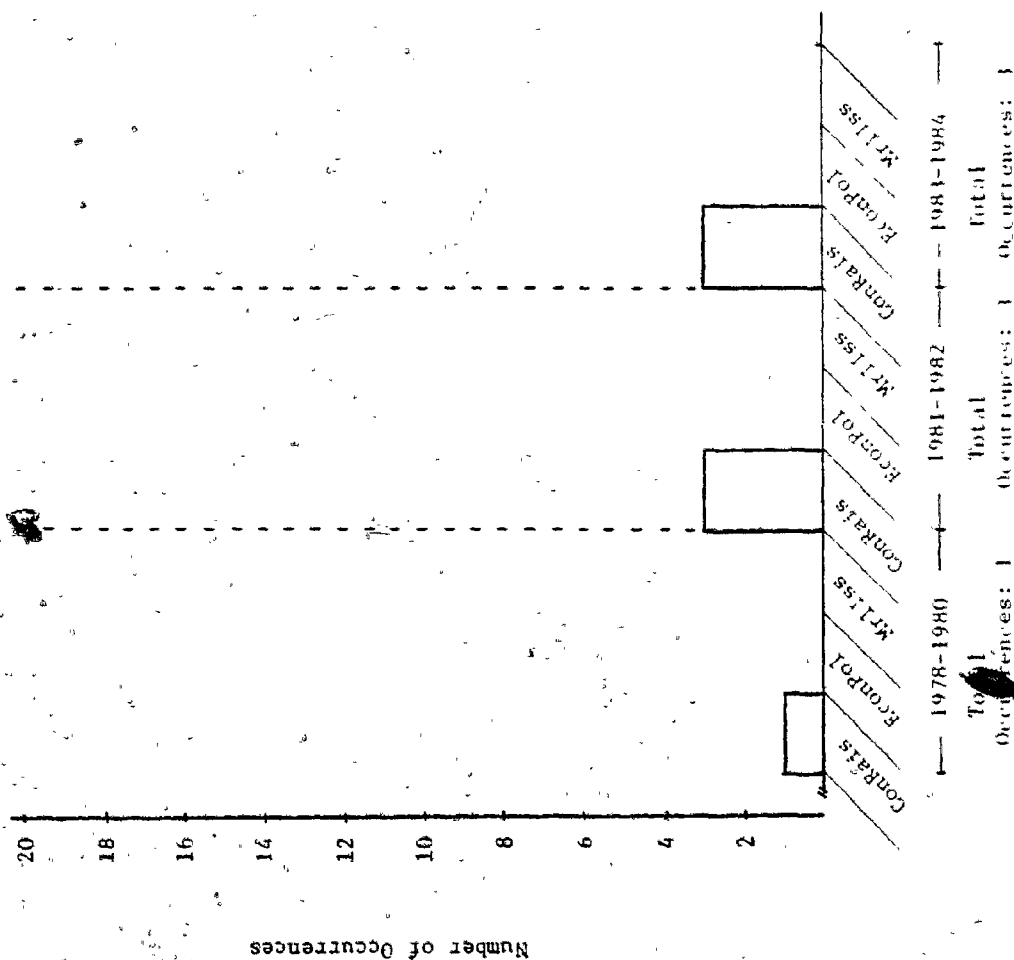


Figure 5
Content Analysis
Structured Interview: INFACI
Indicators of Change
Primary Topic*



*see Content Analysis
Breakdown for
explanation of
abbreviations

Figure 6
Content Analysis
Structured Interview: Nestle
Indicators of Change
Primary Topic*



* See Content Analysis Breakdown for explanation of abbreviations

Figure 8
Content Analysis
Structured Interview: Nestle
Indicators of Change
Typical Response*

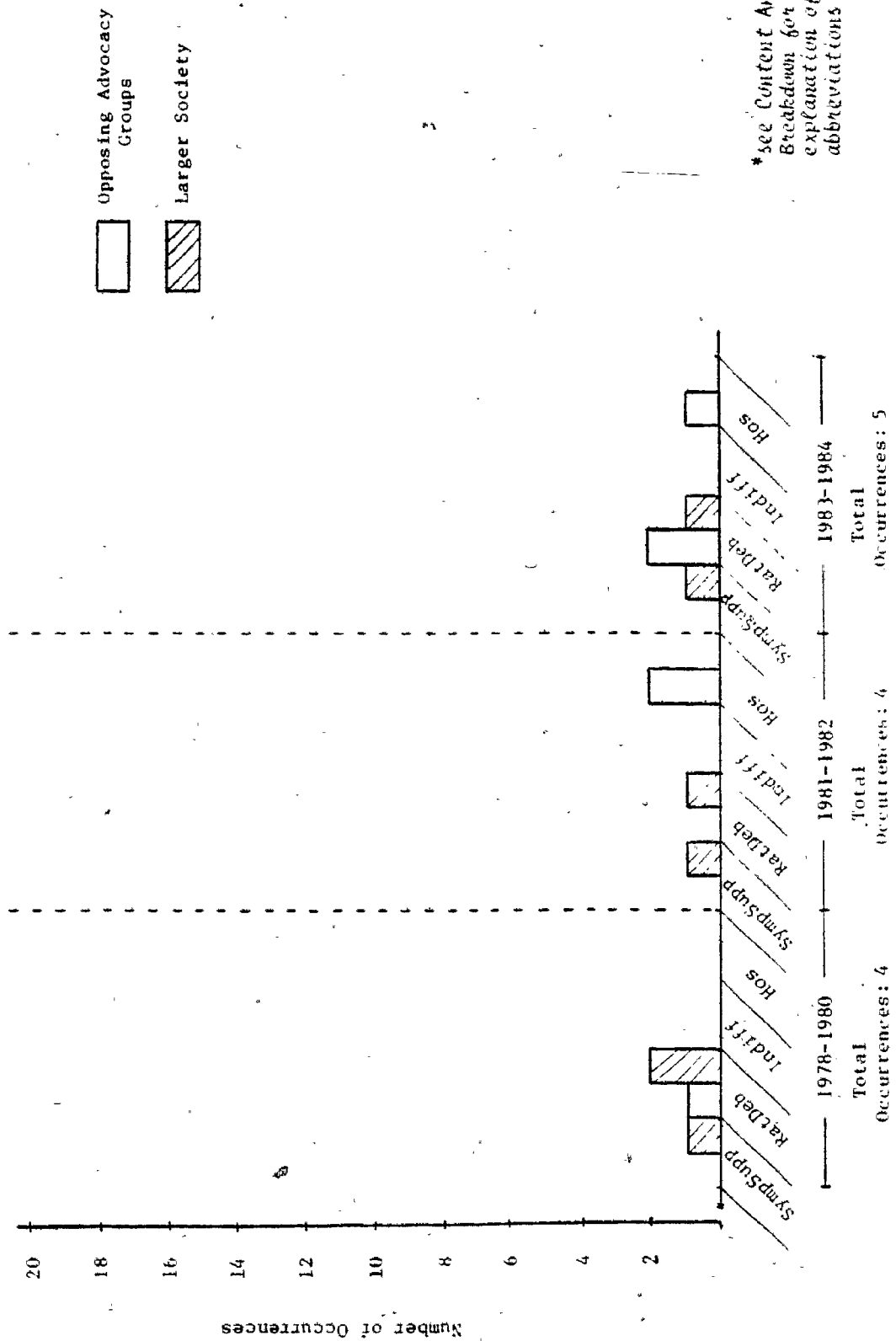
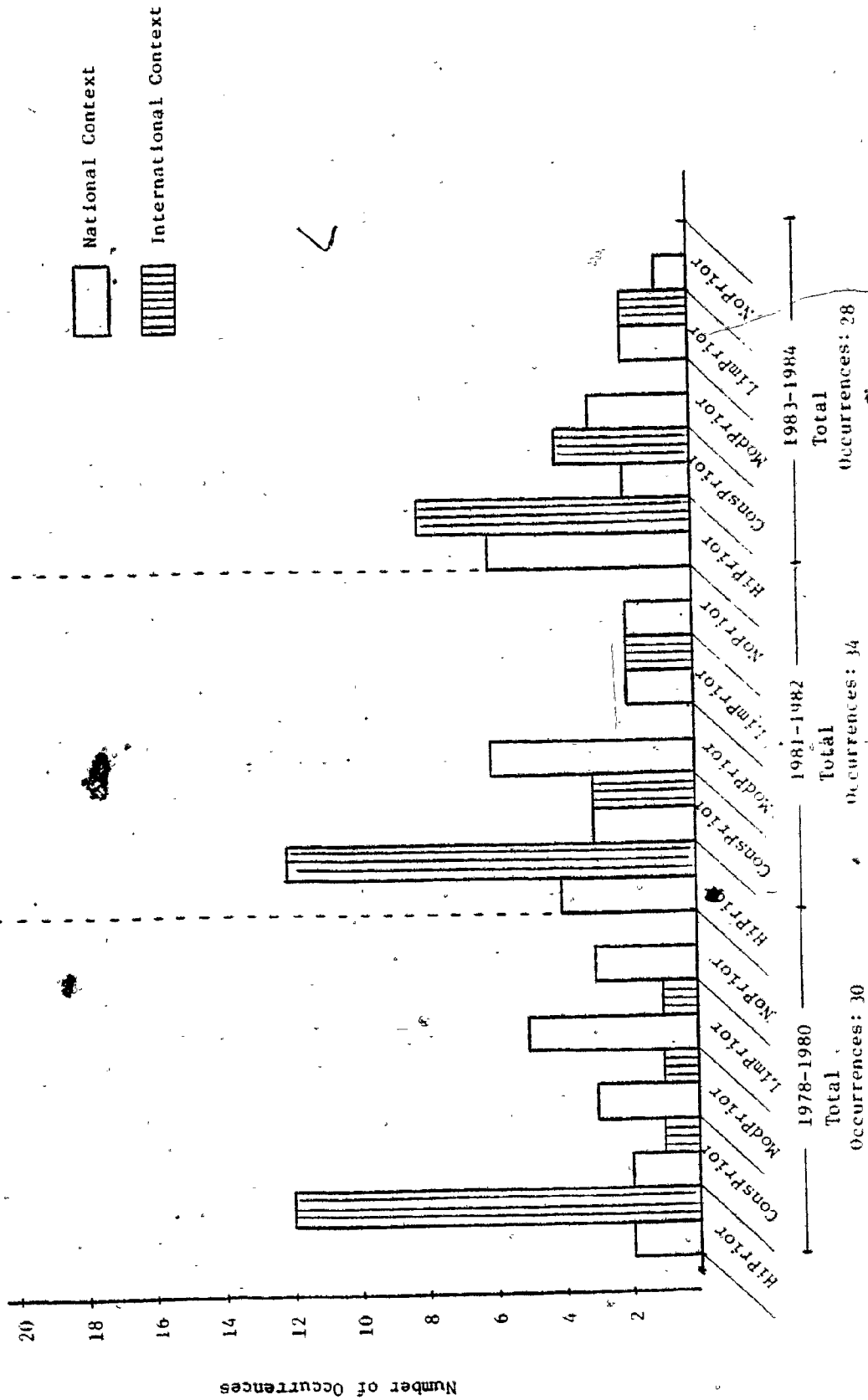
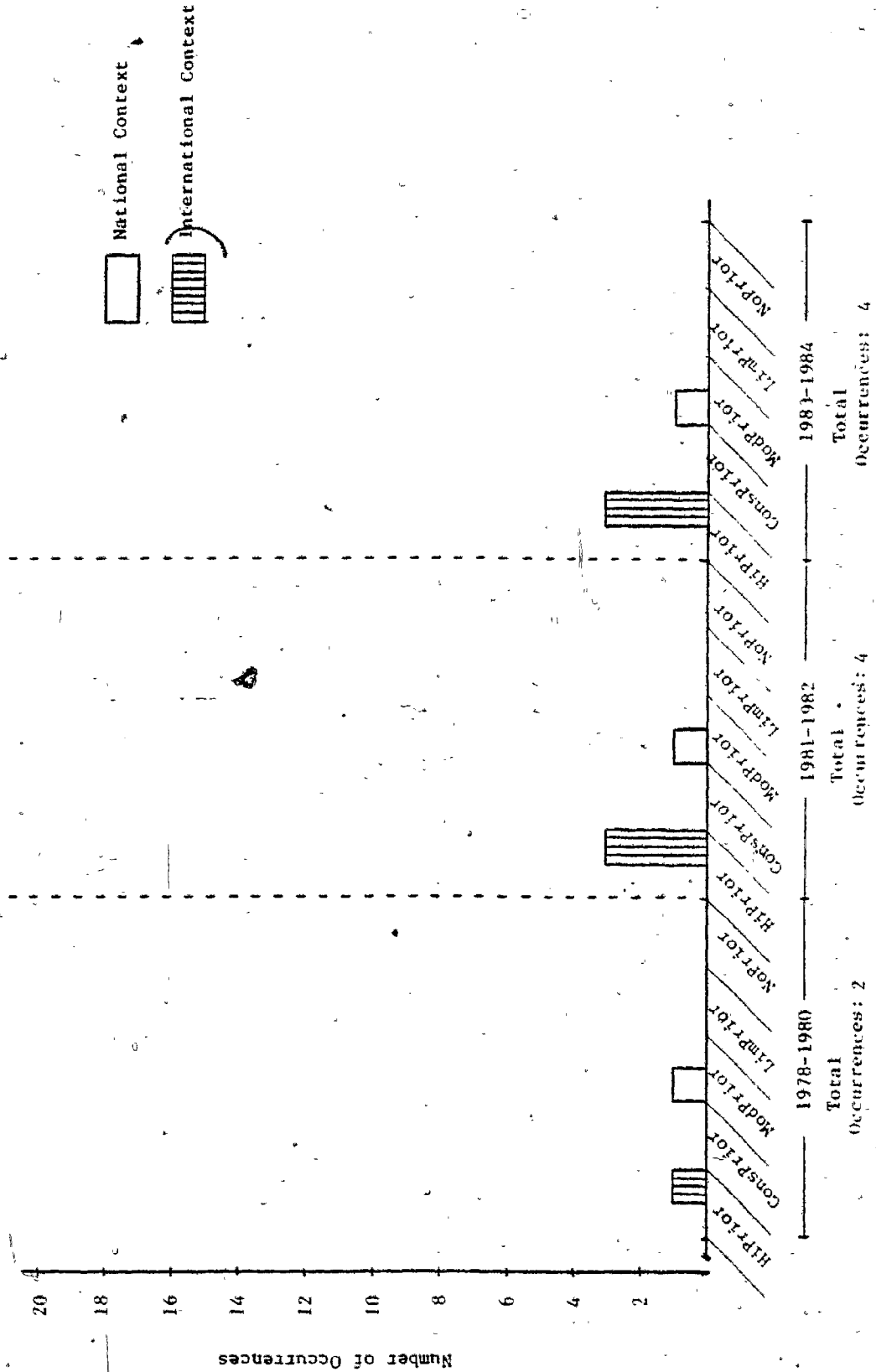


Figure 9
Content Analysis
Structured Interview: INFACT
Priority Rankings*



*see Content Analysis Breakdown for explanation of abbreviations

Figure 10
Content Analysis
Structured Interview: Nestle
Priority Rankings*



* See Content Analysis Breakdown for evaluation of abbreviations

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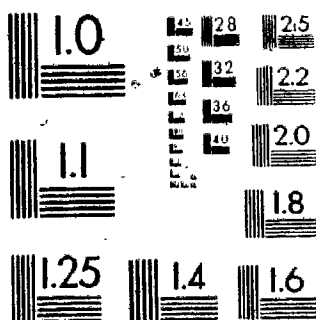
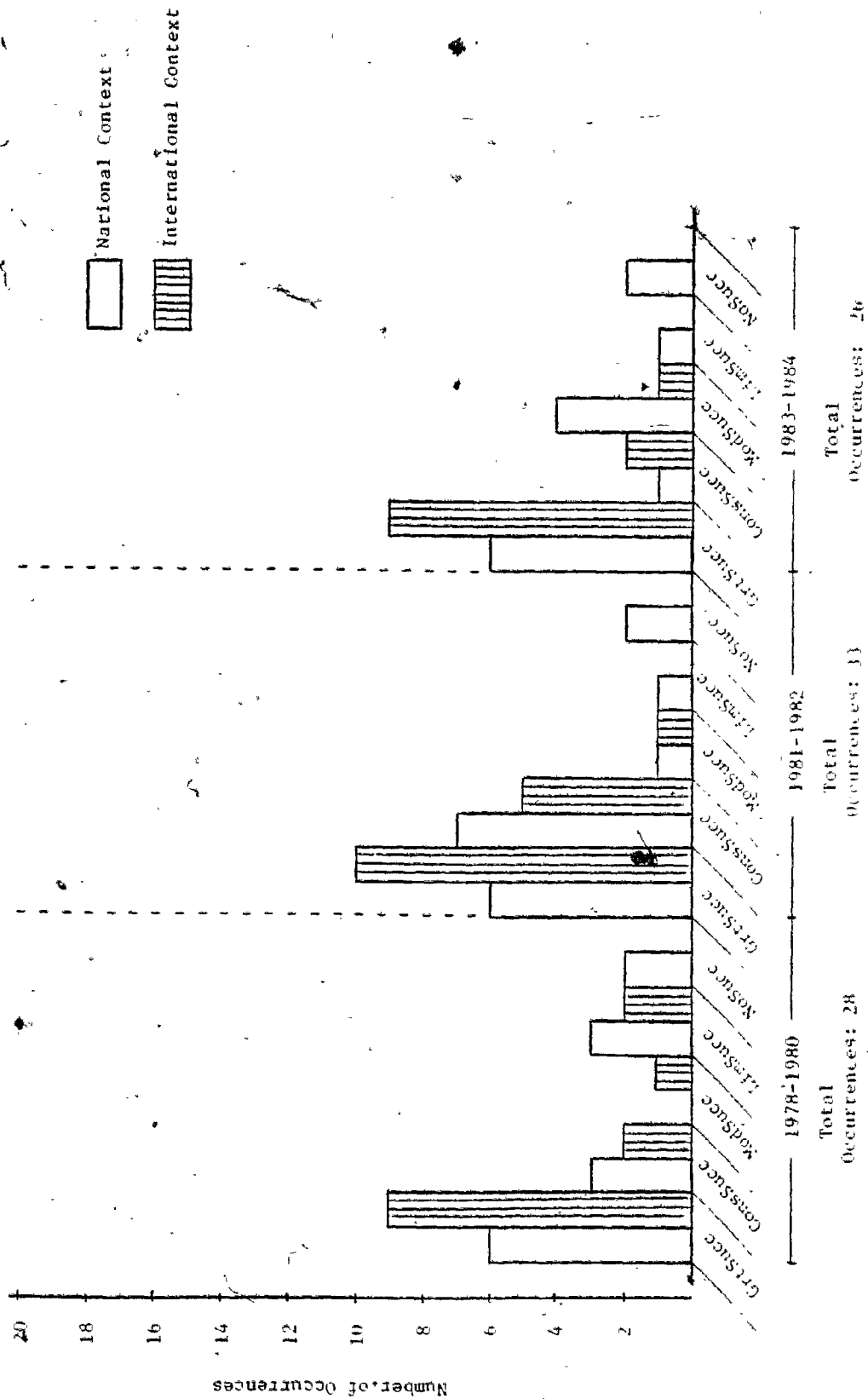
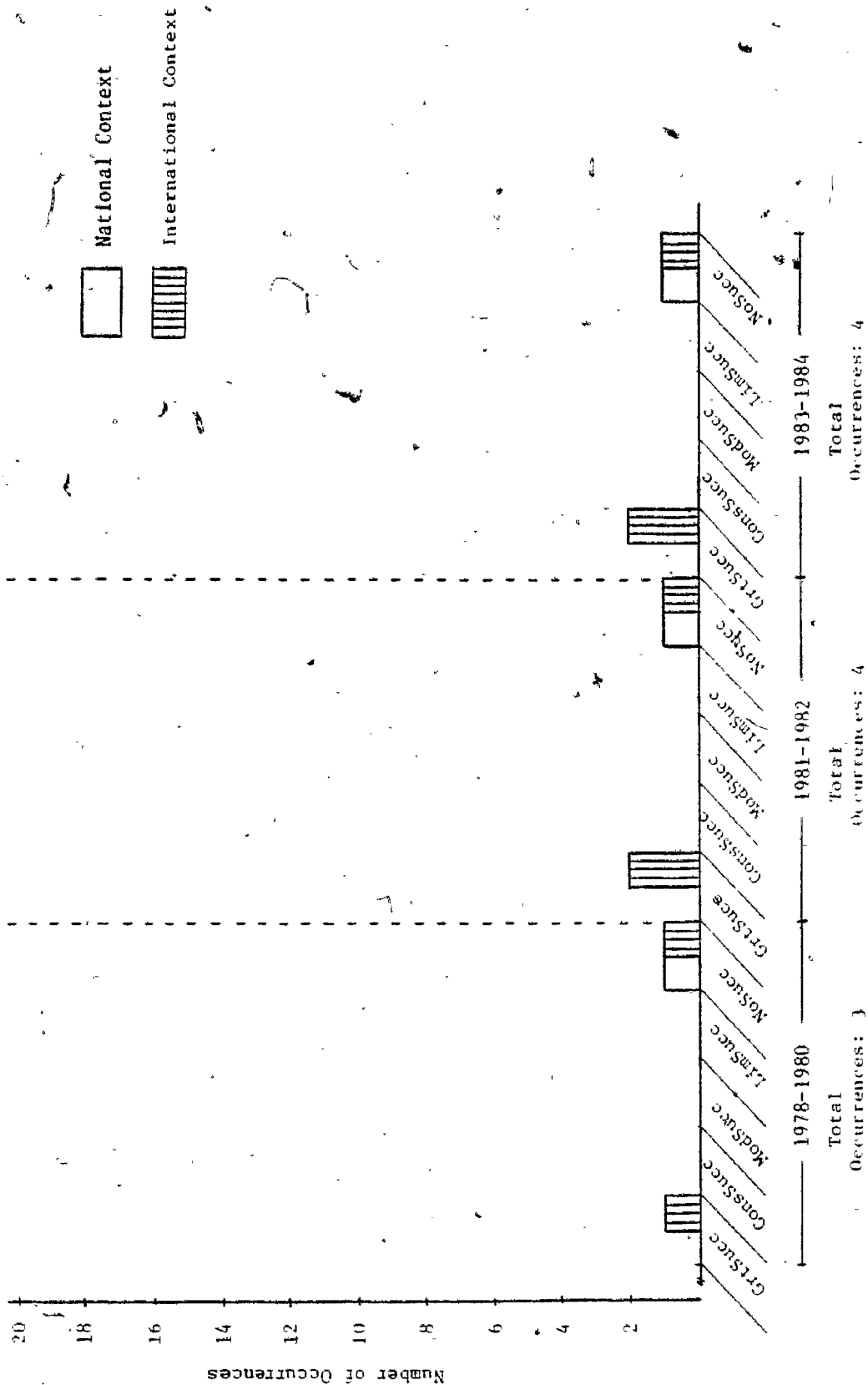


Figure 11
Content Analysis
Structured Interview: INFACT
Success Rankings*



*See Content Analysis Breakdown for explanation of abbreviations

Figure 12
Content Analysis
Structured Interview: Nestle
Success Rankings*



*see Content Analysis Breakdown for explanation of abbreviations

Appendix E

International Code
IBFAN Notes
Nestle Instructions

International Code of Marketing of Breast-milk Substitutes

CONTENTS

	Page
Preamble	10
Article 1. Aim of the Code	13
Article 2. Scope of the Code	13
Article 3. Definitions	13
Article 4. Information and education	15
Article 5. The general public and mothers	16
Article 6. Health care systems	17
Article 7. Health workers	18
Article 8. Persons employed by manufacturers and distributors	19
Article 9. Labelling	20
Article 10. Quality	21
Article 11. Implementation and monitoring	21

The Member States of the World Health Organization:

Affirming the right of every child and every pregnant and lactating woman to be adequately nourished as a means of attaining and maintaining health;

Recognizing that infant malnutrition is part of the wider problem of lack of education, poverty, and social injustice;

Recognizing that the health of infants and young children can not be isolated from the health and nutrition of women, their socioeconomic status and their roles as mothers;

Conscious that breast-feeding is an unequalled way of providing ideal food for the healthy growth and development of infants; that it forms a unique biological and emotional basis for the health of both mother and child; that the anti-infective properties of breast milk help to protect infants against disease; and that there is an important relationship between breast-feeding and child-spacing;

Recognizing that the encouragement and protection of breast-feeding is an important part of the health, nutrition and other social measures required to promote healthy growth and development of infants and young children; and that breast-feeding is an important aspect of primary health care;

Considering that when mothers do not breast-feed, or only do so partially, there is a legitimate market for infant formula and for suitable ingredients from which to prepare it; that all these products should accordingly be made accessible to those who need them through commercial or non-commercial distribution systems; and that they should not be marketed or distributed in ways that may interfere with the protection and promotion of breast-feeding;

Recognizing further that inappropriate feeding practices lead to infant malnutrition, morbidity and mortality in all countries, and that improper practices in the marketing of breast-milk substitutes and related products can contribute to these major public health problems;

Convinced that it is important for infants to receive appropriate complementary foods, usually when the infant reaches four to six months of age, and that every effort should be made to use locally available foods; and convinced, nevertheless, that such complementary foods should not be used as breast-milk substitutes;

Appreciating that there are a number of social and economic factors affecting breast-feeding, and that, accordingly, governments should develop social support systems to protect, facilitate and encourage it, and that they should create an environment that fosters breast-feeding, provides appropriate family and community support, and protects mothers from factors that inhibit breast-feeding;

Affirming that health care systems, and the health professionals and other health workers serving in them, have an essential role to play in guiding infant feeding practices, encouraging and facilitating breast-feeding, and providing objective and consistent advice to mothers and families about the superior value of breast-feeding, or, where needed, on the proper use of infant formula, whether manufactured industrially or home-prepared;

Affirming further that educational systems and other social services should be involved in the protection and promotion of breast-feeding, and in the appropriate use of complementary foods;

Aware that families, communities, women's organizations and other nongovernmental organizations have a special role to play in

the protection and promotion of breast-feeding and in ensuring the support needed by pregnant women and mothers of infants and young children, whether breast-feeding or not;

Affirming the need for governments, organizations of the United Nations system, nongovernmental organizations, experts in various related disciplines, consumer groups and industry to cooperate in activities aimed at the improvement of maternal, infant and young child health and nutrition;

Recognizing that governments should undertake a variety of health, nutrition and other social measures to promote healthy growth and development of infants and young children, and that this Code concerns only one aspect of these measures;

Considering that manufacturers and distributors of breast-milk substitutes have an important and constructive role to play in relation to infant feeding, and in the promotion of the aim of this Code and its proper implementation;

Affirming that governments are called upon to take action appropriate to their social and legislative framework and their overall development objectives to give effect to the principles and aim of this Code, including the enactment of legislation, regulations or other suitable measures;

Believing that, in the light of the foregoing considerations, and in view of the vulnerability of infants in the early months of life and the risks involved in inappropriate feeding practices, including the unnecessary and improper use of breast-milk substitutes, the marketing of breast-milk substitutes requires special treatment, which makes usual marketing practices unsuitable for these products;

THE PREAMBLE:

The Member States hereby agree the following articles which are recommended as a basis for action

Article 1. Aim of the Code

The aim of this Code is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breast-feeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

Article 2. Scope of the Code

The Code applies to the marketing, and practices related thereto, of the following products: breast-milk substitutes, including infant formula, other milk products, foods and beverages, including bottled complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast-milk; feeding bottles and teats. It also applies to their quality and availability, and to information concerning their use.

Article 3. Definitions

For the purposes of this Code:

"Breast milk substitute" means any food being marketed or otherwise represented as a partial or total replacement for breast-milk, whether or not suitable for that purpose.

"Complementary food" means any food, whether manufactured or locally prepared, suitable as a complement to breast-milk or to infant formula, when either becomes insufficient to satisfy the nutritional requirements of the infant. Such food is also commonly called "weaning food" or "breast-milk supplement".

"Container"	means	any form of packaging of products for sale as a normal retail unit, including wrappers.
"Distributor"	means	a person, corporation or any other entity in the public or private sector engaged in the business (whether directly or indirectly) of marketing at the wholesale or retail level a product within the scope of this Code. A "primary distributor" is a manufacturer's sales agent, representative, national distributor or broker.
"Health care system"	means	governmental, nongovernmental or private institutions or organizations engaged, directly or indirectly, in health care for mothers, infants and pregnant women; and nurseries or child-care institutions. It also includes health workers in private practice. For the purposes of this Code, the health care system does not include pharmacies or other established sales outlets
"Health worker"	means	a person working in a component of such a health care system, whether professional or non-professional, including voluntary, unpaid workers
"Infant formula"	means	a breast-milk substitute formulated industrially in accordance with applicable Codex Alimentarius standards, to satisfy the normal nutritional requirements of infants up to between four and six months of age, and adapted to their physiological characteristics. Infant formula may also be prepared at home, in which case it is described as "home-prepared"
"Label"	means	any tag, brand, mark, pictorial or other descriptive matter, written, printed, stenciled, marked, embossed or impressed on, or attached to, a container (see above) of any products within the scope of this Code.
"Manufacturer"	means	a corporation or other entity in the public or private sector engaged in the business or function (whether directly or through an agent or through an entity controlled by or under contract with it) of manufacturing a product within the scope of this Code.
"Marketing"	means	product promotion, distribution, selling, advertising, product public relations, and information services.
"Marketing personnel"	means	any persons whose functions involve the marketing of a product or products coming within the scope of this Code.
"Samples"	means	single or small quantities of a product provided without cost.
"Supplies"	means	quantities of a product provided for use over an extended period, free or at low price, for social purposes, including those provided to families in need.

Article 4. Information and education

4.1 Governments should have the responsibility to ensure that objective and consistent information is provided on infant and young child feeding for use by families and those involved in the field of infant and young child nutrition. This responsibility should cover either the planning, provision, design and dissemination of information or their control.

4.2. Informational and educational materials, whether written, audio, or visual, dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children, should include information on all the following points: (a) the benefits and superiority of breast-feeding; (b) maternal nutrition, and the preparation for and maintenance of breast-feeding; (c) the negative effect on breast-feeding of introducing partial bottle-feeding; (d) the difficulty of reversing the decision not to breast-feed; and (e) where needed, the proper use of infant formula, whether manufactured industrially or home-prepared. When such materials contain information about the use of infant formula, they should include the social and financial implications of its use; the health hazards of inappropriate foods or feeding methods; and, in particular, the health hazards of unnecessary or improper use of infant formula and other breast-milk substitutes. Such materials should not use any pictures or text which may idealize the use of breast-milk substitutes.

4.3. Donations of informational or educational equipment or materials by manufacturers or distributors should be made only at the request and with the written approval of the appropriate government authority or within guidelines given by governments for this purpose. Such equipment or materials may bear the donating company's name or logo, but should not refer to a proprietary product that is within the scope of this Code, and should be distributed only through the health care system.

Article 5. The general public and mothers

5.1. There should be no advertising or other form of promotion to the general public of products within the scope of this Code.

5.2. Manufacturers and distributors should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples of products within the scope of this Code.

5.3. In conformity with paragraphs 1 and 2 of this Article, there should be no point-of-sale advertising, giving of samples or any other promotion device to induce sales directly to the consumer at the retail level, such as special displays, discount coupons, premiums, special sales, loss-leaders and tie-in sales, for products within the scope of this Code. This provision should not restrict the establishment of pricing policies and practices intended to provide products at lower prices on a long-term basis.

5.4. Manufacturers and distributors should not distribute to pregnant women or mothers of infants and young children any gifts of articles or utensils which may promote the use of breast-milk substitutes or bottle-feeding.

5.5. Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers of infants and young children.

Article 6. Health care systems

6.1. The health authorities in Member States should take appropriate measures to encourage and protect breast-feeding and promote the principles of this Code, and should give appropriate information and advice to health workers in regard to their responsibilities, including the information specified in Article 4.2.

6.2. No facility of a health care system should be used for the purpose of promoting infant formula or other products within the scope of this Code. This Code does not, however, preclude the dissemination of information to health professionals as provided in Article 7.2.

6.3. Facilities of health care systems should not be used for the display of products within the scope of this Code, for placards or posters concerning such products, or for the distribution of material provided by a manufacturer or distributor other than that specified in Article 4.3.

6.4 The use by the health care system of "professional service representatives", "mothercraft nurses", or similar personnel, provided or paid for by manufacturers or distributors, should not be permitted.

6.5 Feeding with infant formula, whether manufactured or home-prepared, should be demonstrated only by health workers, or other community workers if necessary; and only to the mothers or family members who need to use it; and the information given should include a clear explanation of the hazards of improper use.

Donations or low-price sales to institutions or organizations of supplies of infant formula or other products within the scope of this Code, whether for use in the institutions or for distribution outside them, may be made. Such supplies should only be used or distributed for infants who have to be fed on breast-milk substitutes. If these supplies are distributed for use outside the institutions, this should be done only by the institutions or organizations concerned. Such donations or low-price sales should not be used by manufacturers or distributors as a sales inducement.

6.7 Where donated supplies of infant formula or other products within the scope of this Code are distributed outside an institution, the institution or organization should take steps to ensure that supplies can be continued as long as the infants concerned need them. Donors, as well as institutions or organizations concerned, should bear in mind this responsibility.

6.8 Equipment and materials, in addition to those referred to in Article 4.3, donated to a health care system may bear a company's name or logo, but should not refer to any proprietary product within the scope of this Code.

Article 7. Health workers

7.1 Health workers should encourage and protect breast-feeding, and those who are concerned in particular with maternal and infant nutrition should make themselves familiar with their responsibilities under this Code, including the information specified in Article 4.2

7.2 Information provided by manufacturers and distributors to health professionals regarding products within the scope of this Code should be restricted to scientific and factual matters, and such information should not imply or create a belief that bottle-feeding is equivalent or superior to breast-feeding. It should also include the information specified in Article 4.2.

7.3 No financial or material inducements to promote products within the scope of this Code should be offered by manufacturers or distributors to health workers or members of their families, nor should these be accepted by health workers or members of their families.

7.4 Samples of infant formula or other products within the scope of this Code, or of equipment or utensils for their preparation or use, should not be provided to health workers except when necessary for the purpose of professional evaluation or research at the institutional level. Health workers should not give samples of infant formula to pregnant women, mothers of infants and young children, or members of their families.

7.5 Manufacturers and distributors of products within the scope of this Code should disclose to the institution to which a recipient health worker is affiliated any contribution made to him or on his behalf for fellowships, study tours, research grants, attendance at professional conferences, or the like. Similar disclosures should be made by the recipient.

Article 8. Persons employed by manufacturers and distributors

8.1 In systems of sales incentives for marketing personnel, the volume of sales of products within the scope of this Code should not be included in the calculation of bonuses, nor should quotas be set specifically for sales of these products. This should not be understood to prevent the payment of bonuses based on the overall sales by a company of other products marketed by it.

8.2 Personnel employed in marketing products within the scope of this Code should not, as part of their job responsibilities, perform educational functions in relation to pregnant women or mothers of

infants and young children. This should not be understood as preventing such personnel from being used for other functions by the health care system at the request and with the written approval of the appropriate authority of the government concerned.

Article 9. Labelling

9.1 Labels should be designed to provide the necessary information about the appropriate use of the product, and so as not to discourage breast-feeding.

9.2 Manufacturers and distributors of infant formula should ensure that each container has a clear, conspicuous, and easily readable and understandable message printed on it, or on a label which cannot readily become separated from it, in an appropriate language, which includes all the following points: (a) the words "Important Notice" or their equivalent; (b) a statement of the superiority of breast-feeding; (c) a statement that the product should be used only on the advice of a health worker as to the need for its use and the proper method of use; (d) instructions for appropriate preparation, and a warning against the health hazards of inappropriate preparation. Neither the container nor the label should have pictures of infants, nor should they have other pictures or text which may idealize the use of infant formula. They may, however, have graphics for easy identification of the product as a breast-milk substitute and for illustrating methods of preparation. The terms "humanized", "maternalized" or similar terms should not be used. Inserts giving additional information about the product and its proper use, subject to the above conditions, may be included in the package or retail unit. When labels give instructions for modifying a product into infant formula, the above should apply.

9.3 Food products within the scope of this Code, marketed for infant feeding, which do not meet all the requirements of an infant formula, but which can be modified to do so, should carry on the label a warning that the unmodified product should not be the sole source of nourishment of an infant. Since sweetened condensed

milk is not suitable for infant feeding, nor for use as a main ingredient of infant formula, its label should not contain purported instructions on how to modify it for that purpose.

9.4 The label of food products within the scope of this Code should also state all the following points: (a) the ingredients used; (b) the composition/analysis of the product; (c) the storage conditions required; and (d) the batch number and the date before which the product is to be consumed, taking into account the climatic and storage conditions of the country concerned.

Article 10. Quality

10.1 The quality of products is an essential element for the protection of the health of infants and therefore should be of a high recognized standard.

10.2 Food products within the scope of this Code should, when sold or otherwise distributed, meet applicable standards recommended by the Codex Alimentarius Commission and also the Codex Code of Hygienic Practice for Foods for Infants and Children.

Article 11. Implementation and monitoring

11.1 Governments should take action to give effect to the principles and aim of this Code, as appropriate to their social and legislative framework, including the adoption of national legislation, regulations or other suitable measures. For this purpose, governments should seek, when necessary, the cooperation of WHO, UNICEF and other agencies of the United Nations system. National policies and measures, including laws and regulations, which are adopted to give effect to the principles and aim of this Code should be publicly stated, and should apply on the same basis to all those involved in the manufacture and marketing of products within the scope of this Code.

11.2 Monitoring the application of this Code lies with governments acting individually, and collectively through the World Health Organization as provided in paragraphs 6 and 7 of this Article. The manufacturers and distributors of products within the scope of this Code, and appropriate nongovernmental organizations, professional groups, and consumer organizations should collaborate with governments to this end.

11.3^a Independently of any other measures taken for implementation of this Code, manufacturers and distributors of products within the scope of this Code should regard themselves as responsible for monitoring their marketing practices according to the principles and aim of this Code, and for taking steps to ensure that their conduct at every level conforms to them.

11.4 Nongovernmental organizations, professional groups, institutions, and individuals concerned should have the responsibility of drawing the attention of manufacturers or distributors to activities which are incompatible with the principles and aim of this Code, so that appropriate action can be taken. The appropriate governmental authority should also be informed.

11.5 Manufacturers and primary distributors of products within the scope of this Code should apprise each member of their marketing personnel of the Code and of their responsibilities under it.

11.6 In accordance with Article 62 of the Constitution of the World Health Organization, Member States shall communicate annually to the Director-General information on action taken to give effect to the principles and aim of this Code.

11.7 The Director-General shall report in even years to the World Health Assembly on the status of implementation of the Code; and shall, on request, provide technical support to Member States preparing national legislation or regulations, or taking other appropriate measures in implementation and furtherance of the principles and aim of this Code.

THE INTERNATIONAL CODE OF MARKETING
OF BREAST-MILK SUBSTITUTES

WHAT IT MEANS

A commentary on the International Code
prepared by the International Baby Food Action Network (IBFAN)

May 1983

INTRODUCTORY NOTES

By the late 1970s, it became apparent that a major effort needed to be made to deal with the increased amount of artificial infant feeding, and the consequences to infant health that was having.

Two UN agencies, the World Health Organisation (WHO) and the United Nations Children's Fund (UNICEF), both concerned with improving infant health, convened an international meeting on infant and young child feeding in October 1979.

The purpose of the meeting was to assess the situation and propose recommendations for action that would begin to improve it.

In the background paper prepared for the meeting, a paper which represented a summation of the most up-to-date information available, WHO and UNICEF said:

Malnutrition in infancy and childhood with its implications for health in general, is today one of the major problems in the world.

Many factors contribute to infant malnutrition. One of the more important is the excessive and inappropriate use of breast milk substitutes. Universal concern has been expressed about the need to control this.

While the infant food industry has met certain needs, it has also diffused cow and often inappropriate mixes on infant feeding and has created an unnecessary demand, with well known health hazards. The advertising and promotion of breast milk substitutes, particularly in health facilities, has contributed to the decline in breast feeding. Promotion of breast milk substitutes by commercial concerns has been more extensive and pervasive than the providing of information concerning the advantages of breast milk and breast feeding.

In the absence of strong interventions designed to promote and support breast feeding, it can be anticipated that these trends (of a decline in breast feeding) will continue. Even larger numbers of infants and young children will be placed at risk of infections, malnutrition and death.

The participants in the meeting -- who included representatives from governments, UN agencies, the scientific community, non-governmental organisations (NGOs) and the infant food industry -- broadly concurred with these findings, and agreed by consensus a statement and many recommendations.

The opening paragraph of the statement read:

1. Poor infant-feeding practices and their consequences are one of the world's major problems and a serious obstacle to social and economic development. Being to a great extent a man-made problem it must be considered a reproach to our science and technology and our social and economic structures, and a blot on our so-called development achievements. It is not only a problem of the developing world: it occurs in many parts of the developed world as well.

The recommendations dealt with five areas:

- measures to encourage and support breast feeding;
- promotion and support of appropriate and timely weaning practices;
- strengthening education, training and information on infant and young child feeding;
- support for improved health and social status of women in relation to infant and young child feeding;
- measures to ensure the appropriate marketing and distribution of products related to artificial infant feeding.

Under this last category, it was recommended that:

There should be an international code of marketing of infant formula and other products used as breastmilk substitutes. This should be supported by both exporting and importing countries and observed by all manufacturers. WHO/UNICEF are requested to organize the process for its preparation, with the involvement of all concerned parties, in order to reach a conclusion as soon as possible.

In May 1980, the 33rd World Health Assembly (WHA) endorsed in their entirety the Statement and Recommendations of the October 1979 meeting, and urged the intensification of efforts to prepare an International Code.

By that time, WHO and UNICEF had already prepared a first and second draft of the Code, in consultation with all the interested parties. Throughout 1980, this consultation process continued, with six formal consultations being held, as well as a considerable exchange of correspondence on the subject.

In December 1980, a fourth and final draft of the Code was published. It was unanimously endorsed by WHO's Executive Board in January 1981, and overwhelmingly adopted by the 34th WHA in May 1981 by 118 votes in favour, 1 against and 3 abstentions.

The Code was adopted as a recommendation to governments. It was stressed that:

the adoption of and adherence to the International Code of Marketing of Breast-milk Substitutes is a minimum requirement and only one of several important actions required in order to protect healthy practices in respect of infant and young child feeding

Governments were also urged to: give full and unanimous support to the implementation of the recommendations made by the joint WHO/UNICEF Meeting on Infant and Young Child Feeding and of the provisions of the International Code in its entirety as an expression of the collective will of the membership of the World Health Organization;

In May 1982, the 35th WHA noted that: "While many Member States have taken some measures related to improving infant and young child feeding, few Member States have adopted and adhered to the International Code as a 'minimum requirement' and implemented it 'in its entirety' as called for,"

and again urged governments to: "give renewed attention to the need to adopt national legislation, regulations or other suitable measures to give effect to the International Code."

During the time that has elapsed since the International Code was adopted by the WHA, several infant food manufacturers have issued commentaries, interpretations or instructions which follow the format of the Code, but which have not always matched the content or the spirit of the Code.

It is for this reason, and in order to provide a guideline to interested parties, that the International Baby Food Action Network (IBFAN) has prepared the following, independent commentary.

In preparing this commentary, IBFAN has followed as closely as possible the intent contained in the preamble to the International Code, where it was recognized that:

inappropriate feeding practices lead to infant malnutrition, morbidity and mortality in all countries, and that improper practices in the marketing of breast-milk substitutes and related products can contribute to these major public health problems;

and further recognised that: in view of the vulnerability of infants in the early months of life and the risks involved in inappropriate feeding practices, including the unnecessary and improper use of breast-milk substitutes, the marketing of breast-milk substitutes requires special treatment, which makes usual marketing practices unsuitable for these products;

May 1983

WHAT IS IBFAN?

The International Baby Food Action Network (IBFAN) is a worldwide network of groups and individuals actively involved in the infant feeding issue. It was formed in October 1979 following the WHO/UNICEF meeting on infant and young child feeding.

Non-governmental organisations participating in the meeting recognised that international cooperation amongst people's organisations was essential if the meeting's recommendations to promote breast feeding and the status of women, and to control the marketing of artificial infant milks and feeding utensils were to become realities.

Between 1979 and 1983 groups participating in IBFAN have been involved in investigating the marketing practices of infant food and bottle manufacturers; played an active part in helping to draft the International Code; have initiated campaigns to promote breast feeding on the national level; and, since the adoption of the Code in May 1981, have begun strong efforts within their countries to press for legislation or other controls based on the International Code to curb inappropriate marketing practices.

Participation in IBFAN has grown from just six groups in 1979 to over 100 by 1983; the majority are in developing countries.

For further information, please contact one of the three IBFAN central offices:

Geneva Office: CP 157, 1211 Geneva 19, Switzerland
Minneapolis Office: 1701 University Ave. SE,

Minneapolis, MN 55414, USA
Penang Office: PO Box 1045, Penang, Malaysia.

The actual operative paragraphs of the International Code of Marketing of Breast-milk Substitutes are reproduced in their entirety in the left hand column of the following pages. A commentary prepared by IBFAN, highlighting the meaning of the provisions, drawing attention to any possible grey areas, and offering suggested approaches to deal with these areas of concern is printed in the right hand column.

Article 3, which deals with definitions, appears at the end of Article 11.

A summary of the major points of the Code appears at the end of this commentary.

INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES

COMMENTARY BY IBFAN

Article 1. Aim of the Code

The aim of this Code is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breast-feeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

The aim of the Code is to protect and promote breast feeding. It will do this by ensuring that the marketing, distribution and use of artificial infant feeding products is restricted to situations of necessity, and that adequate information about their use is available. In this way, the Code will help to contribute to the provision of safe and adequate nutrition for infants.

Article 2. Scope of the Code

The Code applies to the marketing, and practices related thereto, of the following products: breast-milk substitutes, including infant formula; other milk products, foods and beverages, including bottled complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast-milk; feeding bottles and teats. It also applies to their quality and availability, and to information concerning their use.

The scope of the Code covers a wide range of products. Its main intent is to deal with all those products which are marketed for bottle feeding either to partially or totally replace breast milk, as well as the feeding bottles themselves and teats.

Thus, prepared foods, whether prepared at home or industrially produced, would not be covered. However, a mineral water promoted as suitable for mixing with milk powder for use in a feeding bottle would be covered. Similarly, some commercial cereal-based foods, if promoted for use with a feeding bottle, fall under the scope of the Code. If they are advertised to be used properly, in conjunction with continued breast feeding, then they do not fall under the scope of the Code.

While it is generally accepted that breast milk alone is

sufficient for the first four-six months of age; it is also generally accepted that breast feeding should continue after that period, together with other foods. Therefore, there is no age limit, as such, pertaining to the scope of the Code. In other words, advertising a milk formula for use from the fourth month is not acceptable, according to the Code.

The generally accepted international definition of infant is "a person not more than 12 months of age."

Article 4. Information and education

4.1 Governments should have the responsibility to ensure that objective and consistent information is provided on infant and young child feeding for use by families and those involved in the field of infant and young child nutrition. This responsibility should cover either the planning, provision, design and dissemination of information, or their control.

It is the responsibility of governments to ensure that objective and consistent information is available on infant and young child feeding.

The intent of this paragraph is to prevent what one nutritionist has called the "double message":

"Ministries of social affairs, supported by the health profession as well as by mothers' groups, tell mothers that breast feeding is the nutritionally and psychologically advantageous thing to do. On the other hand, the baby food industry, supported by health professionals, tells mothers that if they prefer, artificial feeding is a perfectly acceptable alternative. This double message creates a certain confusion in the mothers."

-- Eliseabet Helsing, in Assignment Children,
No 55/56, 1981; UNICEF

In order to prevent this confusion, governments should plan, provide, design, and disseminate the information, or control such information.

If there are no specific government requirements in a country, then the controls mentioned in the International Code should apply.

4.2 Informational and educational materials, whether written, audio, or visual, dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children, should include clear information on all the following points: (a) the benefits and superiority of breast-feeding; (b) maternal nutrition, and the preparation for and maintenance of breast-feeding; (c) the negative effect on breast-feeding of introducing partial bottle-feeding; (d) the difficulty of reversing the decision not to breast-feed; and (e) where needed, the proper use of infant formula, whether manufactured industrially or home-prepared. When such materials contain information about the use of infant formula, they should include the social and financial implications of its use; the health hazards of inappropriate foods or feeding methods; and, in particular, the health hazards of unnecessary or improper use of infant formula and other breast-milk substitutes. Such materials should not use any pictures or text which may idealize the use of breast-milk substitutes.

4.3 Donations of informational or educational equipment or materials by manufacturers or distributors should be made only at the request and with the written approval of the appropriate government authority or within guidelines given by governments for this purpose. Such equipment or materials may bear the donating company's name or logo, but should not refer to a proprietary product that is within the scope of this Code, and should be distributed only through the health care system.

It is the responsibility of the producer of all materials dealing with infant and young child feeding to ensure that they include clear, unambiguous information on all the points listed in this provision.

If such materials contain information about the use of artificial infant feeding products, the actual health hazards of unnecessary or improper use of the products should be included, together with the social and financial implications. Therefore, using baby books, general materials about child care, posters or leaflets to promote products covered by the Code is not permitted.

Instructional leaflets on how to prepare the products are covered under article 9.2 of the Code and should not be distributed to mothers independently of the products themselves.

Materials or equipment produced by manufacturers and distributors of products covered by the Code should be donated only at the request and with written approval of the appropriate government authority, (or within guidelines established by governments, if these exist).

In other words, the routine distribution of "informational or educational" materials by manufacturers and distributors is not permitted.

Any materials or equipment which is properly requested and approved, should not contain any reference to the brand name of a product covered by the Code, and must also meet the requirements of Article 4.2.

Article 5. The general public and mothers

-7-

5.1 There should be no advertising or other form of promotion to the general public of products within the scope of this Code.

5.2 Manufacturers and distributors should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples of products within the scope of this Code.

5.3 In conformity with paragraphs 1 and 2 of this Article, there should be no point-of-sale advertising, giving of samples, or any other promotion device to induce sales directly to the consumer at the retail level, such as special displays, discount coupons, premiums, special sales, loss-leaders and tie-in sales, for products within the scope of this Code. This provision should not restrict the establishment of pricing policies and practices intended to provide products at lower prices on a long-term basis.

5.4 Manufacturers and distributors should not distribute to pregnant women or mothers of infants and young children any gifts of articles or utensils which may promote the use of breast-milk substitutes or bottle-feeding.

This provision covers all forms of direct and indirect promotion of products within the scope of the Code to the general public and mothers. It also includes non-brand advertising of artificial infant feeding.

Coupled with the provisions in Article 4, this means that no materials (other than instruction leaflets dealt with by Article 9.2) produced by manufacturers and distributors that are meant for the general public, mothers or pregnant women are to contain any advertising or promotion for particular brands of products covered by the Code, nor are they to promote artificial infant feeding.

This provision prohibits the giving of samples either directly or indirectly. In other words, manufacturers and distributors are not permitted to give samples to health workers to pass on to mothers, pregnant women or their families. (See also Articles 6.6, 6.7 & 7.4.)

This provision does not contain an exhaustive list of promotion devices, but merely cites a number of examples. It is meant to prohibit all such promotional activities at the retail level.

This provision prohibits the distribution of any gifts to pregnant women or mothers by manufacturers or distributors.

5.5 Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers of infants and young children.

This provision prohibits company marketing personnel from initiating any direct or indirect contact with mothers or pregnant women. This rules out, for example, the distribution of cards or coupons for mothers to complete in order to receive a visit from a company marketing person. (See also Articles 6.4, 6.5 & 8.2.)

Article 6. Health care systems

6.1 The health authorities in Member States should take appropriate measures to encourage and protect breast-feeding and promote the principles of this Code, and should give appropriate information and advice to health workers in regard to their responsibilities, including the information specified in Article 4.2.

This provision reaffirms the aim of the Code, and notes the responsibility of health authorities to provide appropriate information and advice to health workers regarding their responsibilities in this context.

6.2 No facility of a health care system should be used for the purpose of promoting infant formula or other products within the scope of this Code. This Code does not, however, preclude the dissemination of information to health professionals as provided in Article 7.2.

This provision prohibits the use of health facilities in any way as a channel for the promotion of products covered by the Code. Article 7.2 deals with the restrictions placed on materials intended for health professionals.

6.3 Facilities of health care systems should not be used for the display of products within the scope of this Code, for placards or posters concerning such products, or for the distribution of material provided by a manufacturer or distributor other than that specified in Article 4.3.

This provision reinforces Article 6.1, and should be seen in conjunction with Articles 4 and 5.1.

6.4 The use by the health care system of "professional service representatives", "nursecraft nurses" or similar personnel, provided or paid for by manufacturers or distributors, should not be permitted.

This provision reinforces Article 5.5 by prohibiting company personnel from having contact with mothers or pregnant women in health care facilities.

Article 7. Health workers

7.1 Health workers should encourage and protect breast-feeding; and those who are concerned in particular with maternal and infant nutrition should make themselves familiar with their responsibilities under this Code, including the information specified in Article 4.2.

7.2 Information provided by manufacturers and distributors to health professionals regarding products within the scope of this Code should be restricted to scientific and factual matters, and such information should not imply or create a belief that bottle-feeding is equivalent or superior to breast-feeding. It should also include the information specified in Article 4.2.

7.3 No financial or material inducements to promote products within the scope of this Code should be offered by manufacturers or distributors to health workers or members of their families, nor should these be accepted by health workers or members of their families.

7.4 Samples of infant formula or other products within the scope of this Code, or of equipment or utensils for their preparation or use, should not be provided to health workers except when necessary for the purpose of professional evaluation or research at the institutional level. Health workers should not give samples of infant formula to pregnant women, mothers of infants and young children, or members of their families.

This provision highlights the responsibilities of health workers to promote and protect breast feeding and to familiarise themselves with the provisions of the Code.

Any information given by manufacturers or distributors to health professionals should be limited to scientific and factual matters. All such information should include all the points specified in Article 4.2. This provision would include, for example, advertising in professional journals.

Any materials covered by this provision are not intended to be passed on to mothers or pregnant women. Thus, items such as prescription pads, although used by health professionals, are passed on to mothers or pregnant women, and so would come under the restrictions outlined in Articles 4 and 5 of the Code.

Manufacturers or distributors should not provide any gifts, either financial or material, personal or professional, to health workers or members of their families. This provision applies irrespective of the intention of the donor.

Health workers should refuse any offers of such gifts, and should draw the offer to the attention of the relevant national health authorities and to the head office of the company concerned.

Samples of products covered by the Code or equipment or utensils for their preparation and use should be given only when necessary for professional evaluation or research at the institutional level.

These samples are not meant to be passed on to mothers, pregnant women or their families routinely, nor are they intended to be used by a health worker's own family.

7.5 Manufacturers and distributors of products within the scope of this Code should disclose to the institution to which a recipient health worker is affiliated any contribution made to him or on his behalf for fellowships, study tours, research grants, attendance at professional conferences, or the like. Similar disclosures should be made by the recipient.

If a manufacturer or distributor provides a health worker with a contribution towards a fellowship, study tour, research, attendance at a conference or the like, both the manufacturer/distributor and the health worker should make this clearly known to the institution to which the health worker is affiliated. While this provision provides some safeguard against possible conflicts of interest, a better safeguard would be the establishment of a neutral trust into which funds could be contributed by any manufacturers and distributors and to which health workers could apply for funds.

Article 8. Persons employed by manufacturers and distributors

8.1 In systems of sales incentives for marketing personnel, the volume of sales of products within the scope of this Code should not be included in the calculation of bonuses, nor should quotas be set specifically for sales of these products. This should not be understood to prevent the payment of bonuses based on the overall sales by a company of other products marketed by it.

Neither bonuses or incentives related to sales of products covered by the Code are to be paid to marketing personnel, nor calculated into gross sales quotas covering all products for bonus purposes. No incentive related to sales volume may be paid to any company personnel engaged in any form of marketing of these products.

8.2 Personnel employed in marketing products within the scope of this Code should not, as part of their job responsibilities, perform educational functions in relation to pregnant women or mothers of infants and young children. This should not be understood as preventing such personnel from being used for other functions by the health care system at the request and with the written approval of the appropriate authority of the government concerned.

This provision further supports Articles 5.5, 6.4 and 6.5 by prohibiting the use of company marketing personnel to have contact with mothers or pregnant women. Their use of the health care system to perform other functions, for example research, could be permitted, provided it was at the request of and with the written approval of the appropriate government authority.

Article 9. Labelling

9.1 Labels should be designed to provide the necessary information about the appropriate use of the product, and so as not to discourage breast-feeding.

In the absence of national regulatory measures, the provisions of the Code should be honoured fully.

9.2 Manufacturers and distributors of infant formula should ensure that each container has a clear, conspicuous, and easily readable and understandable message printed on it, of on a label which cannot readily become separated from it, in an appropriate language, which includes all the following points: (a) the words "Important Notice" or their equivalent; (b) a statement of the superiority of breast-feeding; (c) a statement that the product should be used only on the advice of a health worker as to the need for its use and the proper method of use; (d) instructions for appropriate preparation, and a warning against the health hazards of inappropriate preparation. Neither the container nor the label should have pictures of infants, nor should they have other pictures or text which may idealize the use of infant formula. They may, however, have graphics for easy identification of the product as a breast-milk substitute and for illustrating methods of preparation. The terms "humanized", "maternalized" or similar terms should not be used. Insets giving additional information about the product and its proper use, subject to the above conditions, may be included in the package or retail unit. When labels give instructions for modifying a product into infant formula, the above should apply.

9.3 Food products within the scope of this Code, marketed for infant feeding, which do not meet all the requirements of an infant formula, but which can be modified to do so, should carry on the label a warning that the unmodified product should not be the sole source of nourishment of an infant. Since sweetened condensed milk is not suitable for infant feeding, nor for use as a main ingredient of infant formula, its label should not contain purported instructions on how to modify it for that purpose.

9.4 The label of food products within the scope of this Code should also state all the following points: (a) the ingredients used; (b) the composition/analysis of the product; (c) the storage conditions required; and (d) the batch number and the date before which the product is to be consumed, taking into account the climatic and storage conditions of the country concerned.

Labels of artificial infant milks, including products that give instructions for modification into a suitable infant feeding product, must contain clear, conspicuous, easily readable, and understandable information in an appropriate language which contains all the points mentioned in this provision.

Pictures of infants, and the use of terms such as "maternalized" or "humanized" are not permitted.

Additional instructions on use and preparation may be included in a package insert.

Labels of food products within the scope of the Code which can be modified for use as the sole source of nourishment for an infant should carry a warning that the unmodified product should not be used for this purpose.

The Code adds that because sweetened condensed milk is not suitable for use or for modification for infant feeding, the label should not contain purported instruction on how to modify it for infant feeding.

A stronger safeguard would be that all labels of sweetened condensed milk should contain a clear warning that the product should not be used for infant feeding under any circumstances.

All the points mentioned should also be included on labels of food products covered by the Code.

Particular attention should be paid to item d) which calls for clear, easily understandable expiry dates for the products.

Article 10. Quality

10.1 The quality of products is an essential element for the protection of the health of infants and therefore should be of a high recognized standard.

10.2 Food products within the scope of this Code should, when sold or otherwise distributed, meet applicable standards recommended by the Codex Alimentarius Commission and also the Codex Code of Hygienic Practice for Foods for Infants and Children.

This provision describes the importance of the quality of products covered by the Code in relation to the health of infants, and requires that such quality be of a high recognized standard.

This provision establishes the principle concerning the applicable quality standards of food products covered by the Code, namely, standards recommended by the Codex Alimentarius Commission and the Codex Code of Hygienic Practices for Foods for Infants and Children.

(The Codex Alimentarius Commission is a body established by the Food and Agriculture Organisation (FAO) and WHO to implement the Joint FAO/WHO Food Standards Programme. The Commission has the authority to adopt worldwide and regional standards which aim at protecting the health of the consumer and ensuring fair practices in the food trade. The Commission also has the authority to adopt codes of practice.)

It should be noted that this provision is to be regarded as the minimum. If national quality standards are stronger, they should be followed.

Article 11. Implementation and monitoring

11.1 Governments should take action to give effect to the principles and aim of this Code, as appropriate to their social and legislative framework, including the adoption of national legislation, regulations or other suitable measures. For this purpose, governments should seek, when necessary, the cooperation of WHO, UNICEF and other agencies of the United Nations system. National policies and measures, including laws and regulations, which are adopted to give effect to the principles and aim of this Code should be publicly stated, and should apply on the same basis to all those involved in the manufacture and marketing of products within the scope of this Code.

It is the responsibility of governments to implement the Code according to national circumstances. The Code was adopted by the WHA as a recommendation under WHO's Constitution. Recommendations adopted by the WHA for appropriate action by governments express the judgement of the collective membership of WHO on given public health issues and may be implemented in a variety of ways. This provision calls upon governments to implement the Code in the form they deem appropriate, including the adoption of legislation, regulations or other suitable measures. The effect of such national measures in the country concerned depends on the nature of the national action taken to implement the Code.

11.2 Monitoring the application of this Code lies with governments acting individually, and collectively through the World Health Organization as provided in paragraphs 6 and 7 of this Article. The manufacturers and distributors of products within the scope of this Code, and appropriate nongovernmental organizations, professional groups, and consumer organizations should collaborate with governments to this end.

11.3 Independently of any other measures taken for implementation of this Code, manufacturers and distributors of products within the scope of this Code should regard themselves as responsible for monitoring their marketing practices according to the principles and aim of this Code, and for taking steps to ensure that their conduct at every level conforms to them.

11.4 Nongovernmental organizations, professional groups, institutions, and individuals concerned should have the responsibility of drawing the attention of manufacturers or distributors to activities which are incompatible with the principles and aim of this Code, so that appropriate action can be taken. The appropriate governmental authority should also be informed.

11.5 Manufacturers and primary distributors of products within the scope of this Code should apprise each member of their marketing personnel of the Code and of their responsibilities under it.

Governments have a responsibility to monitor adherence to the Code, both at a national level, and also via reports to the Director General of WHO. Further details on reporting are given in Articles 11.6 & 11.7.

The method of monitoring may be by making use of existing statutory bodies -- advertising standards authorities, business practices boards, etc. -- or by establishing an independent monitoring body.

Manufacturers and distributors are expected to cooperate with monitoring efforts. Non governmental organisations, health professionals and consumers organisations should assist in monitoring efforts.

Manufacturers and distributors are responsible for ensuring that the provisions of the Code are adhered to by all their employees, irrespective of whether any steps have been taken by national governments to implement the Code.

This provision reinforces the fact that the Code is to be seen as the minimum standard internationally.

This provision reinforces the role of individuals and organisations in helping to monitor adherence to the provisions of the Code. It notes that both companies and the appropriate governmental authorities should be informed of any infringements of the Code so that action can be taken.

This provision assigns the responsibility to manufacturers and distributors for informing their personnel concerning their responsibilities under the Code.

11.6 In accordance with Article 62 of the Constitution of the World Health Organization, Member States shall communicate annually to the Director-General information on action taken to give effect to the principles and aim of this Code.

11.7 The Director-General shall report in even years to the World Health Assembly on the status of implementation of the Code; and shall, on request, provide technical support to Member States preparing national legislation or regulations, or taking other appropriate measures in implementation and furtherance of the principles and aim of this Code.

This provision refers to Article 62 of the WHO Constitution by which "each Member State shall report annually on action taken with respect to recommendations made to it by the Organisation . . ."

This provision requires that the Director General of WHO reports in even years to the WHA on the status of implementation of the Code. The Director General is also called upon to provide, when requested, technical support for governments in their efforts to implement the Code.

The Code was adopted in the form of a recommendation. Therefore, the language of the Code is generally recommendatory in nature -- using the term "should". However, if at national level, laws or regulations are developed to implement the Code, a more mandatory language -- (for example, "shall" or its equivalent) should be used.

SUMMARY OF THE MAIN POINTS OF THE CODE

1. The International Code is an important measure to help protect and promote breast feeding and better infant health.
2. The Code applies to many different products which are promoted for use in infant feeding, as well as the feeding utensils.
3. Governments have a responsibility to ensure correct information is available on infant feeding.
4. Information on infant feeding for mothers and pregnant women must give the full facts.
5. There should be no promotion of products for artificial infant feeding to the general public, mothers or pregnant women.
6. There should be no samples or gifts to mothers or pregnant women.
7. Marketing personnel should not be permitted direct or indirect contact with mothers or pregnant women.
8. Governments, health authorities and health workers should promote breast feeding.
9. There should be no promotion of artificial infant feeding in health care facilities.
10. Artificial infant feeding is the exception, not the rule.
11. There should be no gifts to health workers.
12. Health workers should not give samples to mothers or pregnant women.
13. Health workers should only receive samples for professional evaluation or research at the institutional level.
14. Company support for research, travel or study should be disclosed by both the donor and recipient.
15. There should be no sales bonuses or quotas for artificial infant feeding products.
16. Labels should inform, not influence.
17. There should be no pictures of infants on the labels.
18. Some products should carry a warning against use as the sole source for infant feeding.
19. Products should conform to recognised high standards of quality.
20. Governments should implement and monitor the Code.
21. Companies should abide by all the provisions of the Code.
22. WHO should report regularly on efforts to implement the Code.
23. Non-governmental organisations and health workers have an important role to play in helping to monitor adherence to the Code.
24. The Code is seen as the minimum international standard.
25. Governments are urged to implement it in its entirety.

Article 3 Definitions

For the purposes of this Code:

"Breast-milk substitute"	means	any food being marketed or otherwise represented as a partial or total replacement for breast-milk, whether or not suitable for that purpose.
"Complementary food"	means	any food, whether manufactured or locally prepared, suitable as a complement to breast-milk or to infant formula, when either becomes insufficient to satisfy the nutritional requirements of the infant. Such food is also commonly called "weaning food" or "breast-milk supplement".
"Container"	means	any form of packaging of products for sale as a normal retail unit, including wrappers.
"Distributor"	means	a person, corporation or any other entity in the public or private sector engaged in the business (whether directly or indirectly) of marketing at the wholesale or retail level a product within the scope of this Code. A "primary distributor" is a manufacturer's sales agent, representative, national distributor or broker.
"Health care system"	means	governmental, nongovernmental or private institutions or organizations engaged, directly or indirectly, in health care for mothers, infants and pregnant women; and nurseries or child-care institutions. It also includes health workers in private practice. For the purposes of this Code, the health care system does not include pharmacies or other established sales outlets.
"Health worker"	means	a person working in a component of such a health care system, whether professional or non-professional, including voluntary, unpaid workers.

"Infant formula"	means	a breast-milk substitute formulated industrially in accordance with applicable Codex Alimentarius standards, to satisfy the normal nutritional requirements of infants up to between four and six months of age, and adapted to their physiological characteristics. Infant formula may also be prepared at home, in which case it is described as "home-prepared".
"Label"	means	any tag, brand, mark, pictorial or other descriptive matter, written, printed, stencilled, marked, embossed or impressed on, or attached to, a container (see above) of any products within the scope of this Code.
"Manufacturer"	means	a corporation or other entity in the public or private sector engaged in the business or function (whether directly or through an agent or through an entity controlled by or under contract with it) of manufacturing a product within the scope of this Code.
"Marketing"	means	product promotion, distribution, selling, advertising, product public relations, and information services.
"Marketing personnel"	means	any persons whose functions involve the marketing of a product or products coming within the scope of this Code.
"Samples"	means	single or small quantities of a product provided without cost.
"Supplier"	means	quantities of a product provided for use over an extended period, free or at a low price, for social purposes, including those provided to families in need.

Nestlé.

WHO INTERNATIONAL CODE
OF MARKETING
OF BREAST-MILK SUBSTITUTES

—REVISED—

Instructions to companies
of the Nestlé Group
and to agents and distributors
who market Infant Formula
under Trade Marks owned
by the Nestlé Group

October 1982

October 1982

NESTLE INSTRUCTIONS—REVISED

INTRODUCTION TO THE REVISED EDITION:

Nestlé has publicly stated its support for the WHO International Code of Marketing of Breast Milk Substitutes.

In accordance with Articles 11.3 and 11.5 of the Code, Nestlé has taken the necessary steps to ensure that its marketing practices are in accord with the Principles and Aim of the Code as follows:

1. By issuing detailed Instructions for the implementation of the WHO Recommendations to each member of its marketing personnel—this has been done after having drawn the proposed implementation measures to the attention of the health authorities in the countries where Nestlé markets infant formula.
2. By appointing an independent Commission (the Nestlé Infant Formula Audit Commission) to monitor marketing practices and ensure that Nestlé conduct at every level conforms to the Code.

The detailed Nestlé Instructions for giving effect to the WHO Code were prepared with great care and in the best of faith. They were submitted to the World Health Organization and UNICEF, and to the health authorities in countries where Nestlé markets infant formula. They reflect Nestlé commitment to the WHO Code by giving clear implementation instructions which explain and complement the individual provisions for the benefit of Nestlé personnel and/or Nestlé agents.

Although Nestlé has now had several months of experience in implementing the Instructions and there has been a positive reception to the initiative from health authorities, it was made clear from the beginning that Management would be willing to listen to suggestions made by the Nestlé Infant Formula Audit Commission for improving them. As a result of their helpful suggestions and those of International Organizations and other concerned parties, Nestlé is now issuing a second edition to eliminate even the faintest possibility of confusion as to the intent and application of the Instructions.

The WHO Code provisions, which are all accepted by Nestlé, are shown on the left hand side of this document, and the Instructions to Nestlé personnel, on implementing each of these provisions of the WHO Code, are shown on the right hand side. These instructions do not displace the WHO Code provisions but will assist in giving practical effect to the Code provisions.

REVISED: October 1982

WHO CODE RECOMMENDATIONS

Instructions to companies of the Nestlé Group, and to agents and distributors, who market Infant Formula under Trade Marks owned by the Nestlé Group

INTRODUCTION

These instructions define the specific Marketing Practices for Infant Formula deemed appropriate by Nestlé in accordance with the WHO Recommendations adopted by the World Health Assembly in May 1981. All previous instructions issued on this subject, including the Checklist of Marketing Practices for Developing Countries (July 1979) and the first edition of these Instructions (February 1982) are superseded by these instructions.

They are intended to give effect to the Aim and Principles of the WHO Code. In order to ensure conformity with national needs, these instructions should be drawn to the attention of the appropriate authorities.

They provide precise guidelines to market management, and personnel at all levels concerned with the marketing of infant formula, on company policy to honour Nestlé commitments with regard to the implementation of the WHO International Code of Marketing of Breast Milk Substitutes.

This policy will be made public in order to avoid any misrepresentation of our policy by third parties, and in order to facilitate monitoring and investigation of complaints.

Additionally, those parts of the policy which relate to the retail trade will be communicated to all retailers of Nestlé infant formula products.

It is imperative that these instructions be strictly applied. All reports suggesting non-compliance with the instructions will be investigated and appropriate corrective action taken. Third parties originating such reports should be requested to complete the standard Complaint Form (attachment 4).

GENERAL REMARKS

The instructions contained in this document must be communicated to all marketing personnel for information and strict application. Retailers of Nestlé infant formula will be informed that it is company policy to prevent promotion of infant formula at the point of sale.

- The rules apply to Nestlé companies, including those in which Nestlé has only a minority interest, as well as to agents and distributors.
- All communications materials must be consistent with these rules and must be approved by the Nestlé Management in Switzerland prior to use/distribution.
- Nestlé Management in Switzerland must be consulted when there is a query/difficulty in the application of the rules.
- Nestlé will encourage National governments to enact and enforce a Code of Marketing of Breast Milk Substitutes, or any other suitable measure, which gives effect to the Principles and Aim of the WHO Code as the government deems appropriate to the social and legislative framework of the country concerned.

CROSS REFERENCE INDEX

LABELS	Art. 9.1; 9.2; 9.3, 9.4
ADVERTISING	Art. 5.1
CONSUMER PROMOTION	Art. 5.1; 5.3; 5.4
TRADE PROMOTION	Art. 5.3
HEALTH SERVICE/MEDICAL RELATED ACTIVITIES:	
Duties of Company Personnel	Art. 5.1; 6.2; 6.5; 7.2; 8.1
Samples	Art. 5.2; 7.4
Free/Reduced-Cost Supplies	Art. 6.6, 6.7
Education and Information:	
- Scientific and Technical	Art. 7.2
- General Health/Nutrition	Art. 4.2; 4.3
- Infant Formula-Information/Instructions	Art. 4.2
- Health Education for Mothers	Art. 5.3; 6.2; 6.5, 8.2
Medical Services:	
- Assistance	Art. 6.6; 7.5
- Service Items	Art. 6.8
- Gifts	Art. 7.3
REGENERATION	Art. 8.1
IMPLEMENTATION/MONITORING	Art. 11.2; 11.3; 11.4; 11.5

WHO CODE RECOMMENDATIONS

NESTLE INSTRUCTIONS TO PERSONNEL TO ASSIST IN IMPLEMENTING THE WHO CODE PROVISIONS

Article 1. Aim of the Code

The aim of this Code is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breast-feeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

1. This must be the aim of all our infant food marketing practice.

Article 2. Scope of the Code

The Code applies to the marketing and practices related thereto, of the following products: breast-milk substitutes, including infant formulae, other milk products, foods and beverages, including bottle-fed complementary foods, which marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast-milk; feeding bottles and teats. It also applies to their supply and availability, and to information concerning their use.

2. These instructions apply to the marketing of infant formula covered by Codes.*

Infant formula products are the only products which Nestle markets for use as breast milk substitutes.

Nestle infant formula products are covered by these instructions regardless of the age of the babies by whom they are consumed.

The following products by Nestle are not marketed, or other were represented as suitable for use as breast milk substitutes:

Sweetened Condensed Milk, Evaporated Milk, Skimmed Milk, UHT Milk, Full Cream Powdered Milk, Cereal Foods, and Sterilized Meat, Vegetable and Fruit Preparations for Babies.

Note: In the rare cases where Nestle markets feeding bottles and teats they will be covered by these instructions by the National Codes in force.

* FAO/WHO Food Standards Programme. Recommended International Code of Marketing Breastmilk Substitutes 1976.

Article 3. Information

1. Please note (see Attachment 1)

Article 4. Information and Education

4.1 Governments should have the responsibility to ensure that objective and consistent information is provided on infant and young child feeding for use by families and those involved in the field of infant and young child nutrition. This responsibility should cover either the planning, promotion design and dissemination of information, or their control.

4.2 Informational and educational materials, whether written, audio, or visual dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children, should include clear information on all the following points: (a) the benefits and superiority of breast-feeding; (b) maternal nutrition, and the preparation for and maintenance of breast-feeding; (c) the negative effect on breast-feeding of introducing partial bottle feeding; (d) the difficulty of reversing the decision not to breast-feed; and (e) when needed the proper use of infant formula, whether manufactured industrially or home prepared. When such materials contain information about the use of infant formula, they should include the social and financial implications of its use, the health hazards of inappropriate foods or feeding methods, and in particular, the health hazards of unnecessary or improper use of infant formula and other breast milk substitutes. Such materials should not use any pictures or text which may identify the use of breast-milk substitutes.

- 4.1 This provision is addressed to Governments (see Article 4.2)

- 4.2 All infant feeding information intended for mothers* whether of a general educational nature or dealing with the explanation and instructions for the use of infant formula must contain a statement regarding each point contained in this article of the WHO Code. Specific points from Article 4.2 will be dealt with in much greater detail in certain educational materials such as mother books and educational posters.

Only information intended for mothers, that deals with the explanation and instructions for use of specific infant formulae such as:

- Product Instruction Leaflets
- Prescription Leaflets

should bear corporate and product brands and in order to avoid confusion with other infant formula products or milk products inappropriate for use as breast milk substitutes they may include a packshot. Such materials must include the information specified in this article of the WHO Code.

These materials are intended for use by health workers in instructing mothers who have to use breast milk substitutes.

They may not be given by Company personnel to mothers.

They are intended to complement information contained on the label especially when catering to the needs of minority language groups or the needs of semi-literate or illiterate mothers.

* Those from this instruction: the use of the term "mothers" includes pregnant women, women, or mothers of the children.

4.3. Distribution of informational or educational equipment or materials by manufacturers or distributors should be made only at the request and with the written approval of the appropriate governmental authority or within guidelines given by governments for this purpose. Such equipment or materials may bear the distributing company's name or logo, but should not refer to a proprietary product that is within the scope of this Code, and should be distributed only through the health care system.

Baby pictures may be used only to enhance the educational value of information and must not indicate formula feeding. In case of doubt, Nestlé Management in Switzerland must be consulted (see also note under Article 5.1).

4.3. Materials intended for pregnant women and mothers that are of a general educational nature related to maternal and child health:

- educational posters
- educational charts
- mother books
- breast feeding booklets
- weight/progress charts
- vaccination and health cards
- height measurement charts
- films or slide presentations

must not contain product illustrations or mention the names of individual products. Corporate brands (name or logo)—Nestlé or Guggen—may be used. If these materials have been edited by the Company in collaboration with the health authorities or the medical profession, this may be mentioned.

Such materials should be made available to health institutions and professionals only at their request and in accordance with applicable government requirements or guidelines.

Note: Materials covered under articles 4.2 and 4.3 may only be reprinted or brought to the attention of mothers by health professionals and when dealing with infant feeding must include the information contained in these articles of the WHO Code. Mother books may include non-promotional generic information on infant formula without brands.

Article 5. The general public and mother

5.1. There should be no advertising or other form of promotion to the general public of products within the scope of this Code.

5.1. Information relating to infant formula must not be communicated directly to mothers or the general public, either through public media, or by personal contact between Company representatives and mothers.

It also contains material information which also applies to him.

—participation in/sponsorship of baby shows (even when invited to participate by health workers or charitable institutions)

—distribution of gift packs for mothers (for example, containing infant formula or feeding bottles or other baby accessories)

—distribution for mothers of materials of a non-educational nature (whether product-related or not) such as birth certificates, calendars, baby albums etc.

Generic information designed to describe the proper use of infant formula shall not be used as advertising or promotion and must not be aimed at the general public. It may however be distributed to mothers by health workers or displayed by them in health care facilities subject to the provisions of articles 4.2, 4.3, 6.2 and 7.2.

N.B. Educational materials intended for use in instructing mothers must be approved by Nestlé Management in Switzerland and may be distributed only to health workers.

5.2. Manufacturers and distributors should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples of products within the scope of this Code.

5.2. In accordance with existing instructions, samples may only be given to health workers (as provided for in Article 7, i.e., for professional evaluation), and not to mothers.

5.3. In conformity with paragraphs 1 and 2 of this Article, there should be no point of sale advertising, giving of samples, or any other promotion device to induce sales directly to the consumer at the retail level, such as special displays, discount coupons, premiums, special sales, loss leaders and tie-in sales, for products within the scope of this Code. This provision should not restrict the establishment of pricing policies and practices intended to provide products at lower prices on a long term basis.

5.3. In accordance with existing instructions, sales promotion activities at the retail level on behalf of infant formula are not permitted, i.e.:

- no coupon redemption schemes
- no raffles or lotteries
- no trade promotions (i.e., deals, special offers, display contests, or premiums)
- no in-store demonstrations
- no Company-induced price offers at the retail level

Note: This in no way should be interpreted to prevent the continuation of a normal trade price structure.

This policy shall be communicated to retailers of Nestlé infant formula products who will be informed that it is company policy to prevent presentation of infant formula at the point of sale (see Attachment 5).

It is the sales-staff's responsibility to maintain stock rotation and to ensure clean and tidy presentation of infant formula at the point of sale where it is needed. Use of shelf or bin markers clearly indicating product name and price is permitted, but promotional advertising is not.

5.4 Manufacturers and distributors should not distribute to pregnant women or mothers of infants and young children any gifts of articles or materials which may promote the use of breast-milk substitutes or bottle feeding.

5.4 See instructions above (5.1).

5.5 Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers of infants and young children.

5.5 In accordance with current instructions, Company personnel may not solicit contact with pregnant women or mothers either individually or in groups.

This does not prevent appropriately qualified personnel from responding to complaints or unsolicited requests for information on correct product use. Requests for information on health matters, or general information on infant formula must be referred to a health worker.

Article 6. Health care systems

6.1 The health authorities in Member States should take appropriate measures to encourage and protect breast feeding and promote the principles of this Code, and should give appropriate information and advice to health workers in regard to their responsibilities, including the information specified in Article 4.2.

6.1 Addressed to the health authorities

6.2 The facilities of a health care system should be used for the purpose of promoting infant formula or other products within the scope of this Code. This Code does not, however, preclude the dissemination of information to health professionals as provided in Article 7.2.

6.2 The instructions above, referring to Articles 5.1, 5.2, 5.4 and 5.5 also relate to health activities within the health care system.

The distribution to health care facilities of educational materials bearing corporate identification, subject to the requirements of Article 4, is permitted.

Scientific or technical product information, and instructions intended to assist health workers in guiding mothers in the correct preparation of specific formula may be distributed only to health workers (See Article 7.2).

6.3 Facilities of health care systems should not be used for the display of products within the scope of this Code, for placards or posters concerning such products, or for the distribution of material provided by a manufacturer or distributor other than that specified in Article 4.3.

6.3 See above

6.4 The use by the health care system of "professional service representatives", "mothercraft nurses" or similar personnel, provided or paid for by manufacturers or distributors, should not be permitted.

6.4 Company personnel must not be used by the health care system for mothercraft or similar duties. The role of Company personnel is covered in Article 4.2.

6.5 Feeding with infant formula, whether manufactured or home prepared, should be demonstrated only by health workers, or other community workers if necessary, and only to the mothers or family members who need to use it, and the information given should include a clear explanation of the hazards of improper use.

6.5 Company personnel may not assist in this work but may provide relevant educational/instructional material to assist health workers in guiding mothers. In case mothers request advice from Company personnel, they should be referred to the medical profession or other health workers. (See 5.5—we also instructions pertaining to Article 2 above)

6.6 Donations or low-price sales to institutions or organizations of supplies of infant formula or other products within the scope of this Code, whether for use in the institutions or for distribution outside them, may be made. Such supplies should only be used or distributed for infants who have to be fed on breast milk substitutes. If these supplies are distributed for use outside the institutions, this should be done only by the institutions or organizations concerned. Such donations or low-price sales should not be used by manufacturers or distributors as a sales incentive.

6.6 Infant formula, whether free or at reduced cost, may be provided for infants who have to be fed on breast milk substitutes in hospitals, clinics, and other facilities of the health care system in the public and the private sector.

Free or reduced-cost supplies are intended to meet social needs defined by health workers and may be provided only on written request. The recipient must be given a printed reminder of WHO Recommendations on the distribution of supplies (see Attachment 2—supply request form), and the significance of these Recommendations must be pointed out. Company personnel shall not solicit requests for supplies.

6.7 Where donated supplies of infant formula or other products within the scope of this Code are distributed outside an institution, the institution or organization should take steps to ensure that supplies can be continued as long as the infants concerned need them. Donors, as well as institutions or organizations concerned, should bear in mind this responsibility.

6.8 Equipment and materials, in addition to those referred to in Article 4.3, donated to a health care system only bear a company's name in logo, but should not refer to any proprietary product within the scope of this Code.

To avoid confusion, and to respect the distinction made by the WHO Code between suppliers and supplier, infant formula donated or provided at reduced cost must be clearly marked with a sticker on the label or lid:

"Free supply for reduced-cost supply for use at the discretion of the health services or medical profession; for infants who have to be fed on breast milk substitutes."

6.7 In cases where free or reduced-cost supplies are used outside an institution the following instructions must be respected:

1. The institution or health worker requesting the supply must inform the Company of the total quantity required for feeding the infant.
2. The Company will reserve the right to determine on a case-by-case basis whether that quantity can be supplied, and will inform the health worker concerned of its decision, and the implications for meeting continued requirements.
3. Obligations entered into under this heading must be confirmed in writing and records of quantities distributed be maintained for 12 months.
4. The Company will supply relevant instructions to the health worker to ensure that the product is used correctly.
5. Nestlé will make it clear that use outside an institution of supplies that have been made available on a free or reduced-cost basis, is at the discretion and under the responsibility of that institution. Donors, as well as institutions or organizations concerned, should bear in mind this responsibility.

6.8 This refers to materials and equipment intended for use by health workers and institutions. Capital equipment such as incubators and audio/visual equipment (hardware and software), and other service items such as diapers and gestation monitors for the use of health workers, may bear the company logo.

Items should be kept and not to be given to the public or developed publicly.

Service items given to the medical profession but used mainly in the health institutions to feeding.

- oral bands
- hospital health cards
- arm/head measuring tapes
- tongue spatula
- bibs
- feeding bottles
- plates/cups
- alcohol swabs
- etc.

may not bear any corporate or product brand. Only market management may approve the donation of equipment and materials and all items mentioned in Article 6.8

Article 7. Health workers

7.1 Health workers should encourage and protect breast-feeding, and those who are concerned in particular with maternal and infant nutrition should make themselves familiar with their responsibilities under this Code, including the information specified in Article 4.2

7.2 Information provided by manufacturers and distributors to health professionals regarding products within the scope of this Code should be restricted to scientific and factual matters, and such information should not imply or create a belief that bottle-feeding is equivalent or superior to breast-feeding. It should also include the information specified in Article 4.2

7.1 Health workers' responsibility.

7.2 In their contacts with health workers, Company Personnel have the responsibility to emphasize the superiority of breast-feeding and to give objective information on scientific and factual matters pertaining to infant formula, bottles and teats.

Information for health professional, may bear corporate and product brands (packaging permitted) and must include the information specified in Article 4.2 of the Code. The information in these materials is intended to assist health workers when instructing mothers who have to use breast milk substitutes.

7.3 No financial or material inducements to promote products within the scope of this Code should be offered by manufacturers or distributors to health workers or members of their families, nor should these be accepted by health workers or members of their families.

7.4 Samples of infant formulae or other products within the scope of this Code, or of equipment or utensils for their preparation or use, should not be provided to health workers except when necessary for the purpose of professional evaluation or research at the institutional level. Health workers should not give samples of infant formulae to pregnant women, mothers of infants and young children, or members of their families.

7.5 Manufacturers and distributors of products within the scope of this Code should disclose to the institution to which a recipient health worker is affiliated any contribution made to him or on his behalf for fellowships, study tours, research grants, attendance at professional conferences, or the like. Similar disclosures should be made by the recipient.

7.3 No financial or material inducements to promote products within the scope of the Code should be offered to health workers or members of their families.

7.4 Samples may be provided to individual health workers for the purposes of professional evaluation only upon written request. Recipients must be reminded of WHO Recommendations relating to samples. (Attachment 3). Company personnel shall not solicit requests for samples.

Samples must bear the mention "Sample for Professional Evaluation".

Samples supplied for the purpose of clinical research are permitted subject to the conclusion of a research protocol.

Sample distribution records must be maintained for 12 months.

7.5 The decision to donate medical equipment or to support scientific activities:

- congresses
- scholarships
- study tours, etc.

must be taken on a case-by-case basis by Management. In case of doubt, Nestlé Management in Switzerland must be consulted.

Support given must not be conditional on receiving endorsement for Nestlé.

Preference will be given to support for associations or institutions rather than individuals.

Requests for support and the decision to grant support must be confirmed in writing by both parties, ensuring that the responsible officer(s) of the association/institution concerned are advised.

Article 8 Persons employed by manufacturers and distributors

8.1 In systems of incentives for marketing personnel, the volume of sales of products within the scope of this Code should not be included in the calculation of bonuses, nor should quotas be set specifically for sales of these products. This should not be understood to prevent the payment of bonuses based on the overall sales by a company of other products marketed by it.

8.2 Personnel employed in marketing products within the scope of this Code should not, as part of their job responsibilities, perform educational functions in relation to pregnant women or mothers of infants and young children. This should not be understood as preventing such personnel from being used for other functions by the health care system at the request and with the written approval of the appropriate authority of the government concerned.

8.1 Bonuses or incentives related to infant formula sales will not be paid to marketing personnel.

The situation with regard to sales staff must be examined on a country-by-country basis, in order to determine what criteria other than infant formula sales volume will be established for compensation.

8.2 Company marketing personnel should not perform educational functions in relation to pregnant women or mothers (see also Article 6.4).

If the health care system decides that it requires the assistance of company personnel for other functions, it must specifically, and in writing, request such assistance and identify the functions. Company personnel shall not solicit such requests.

Article 9 Labelling

9.1 Labels should be designed to provide the necessary information about the appropriate use of the product, and to as not to discourage breast feeding.

9.2 Manufacturers and distributors of infant formula should ensure that each container has a clear, conspicuous, and easily readable and understandable message printed on it, or on a label which cannot readily become separated from it, in an appropriate language, which includes all the following points: (a) the words "Important Notice" or their equivalent; (b) a statement of the superiority of breast-feeding; (c) a statement that the product should be used only on the advice of a health worker as to the need for its use and the proper method of use; (d) instructions for appropriate preparation and a warning against the health hazards of inappropriate preparation. Neither the container nor the label should have pictures of infants, nor should they have other pictures or text which may idealize the use of infant formula. They may, however, have graphics for easy identification of the product as a breast milk substitute and for illustrating methods of preparation. The terms "bottled", "sterilized" or similar terms should not be used. Labels giving additional information

9.1 Individual country requirements, if any, must be respected, in addition to the WHO Code requirements which are incorporated as the minimum requirement.

9.2 Label modifications, including the elimination of baby pictures, are currently under way and will be implemented as soon as possible.

tion about the product and its proper use, subject to the above conditions, may be included in the package or retail unit. When labels give instructions for modifying a product into infant formula, the above should apply.

9.3 Food products within the scope of this Code, marketed for infant feeding, which do not meet all the requirements of an infant formula, but which can be modified to do so, should carry on the label a warning that the unmodified product should not be the sole source of nourishment of an infant. Since sweetened condensed milk is not suitable for infant feeding, nor for use as a main ingredient of infant formula, its label should not contain purported instructions on how to modify it for that purpose.

9.4 The label of food products within the scope of this Code should also state all the following items: (a) the ingredients used; (b) the composition/analysis of the product; (c) the storage conditions required; and (d) the batch number and the date before which the product is to be consumed, taking into account the climate and storage conditions of the country concerned.

9.3 In accordance with existing instructions.

9.4

9.4 To be implemented in accordance with individual country requirements, recognizing that the WHO Code is the minimum requirement.

Article 10. Quality

10.1 The quality of products is an essential element for the protection of the health of infants and therefore should be of a high recognized standard.

10.2 Food products within the scope of this Code should, when sold or otherwise distributed, meet applicable standards recommended by the Codex Alimentarius Commission and also the Codex Code of Hygienic Practice for Foods for Infants and Children.

10.1 In accordance with existing standards

10.2 In accordance with current standards except where otherwise specified by government regulation

Article 11. Implementation and monitoring

11.1 Governments should take action to give effect to the principles and aim of this Code, as appropriate to their social and legislative frameworks, including the adoption of national legislation, regulations,

11.1 Addressed to governments.

and, when necessary, the cooperation of WHO, UNICEF and other agencies of the United Nations system. National policies and measures, including law and regulations which are adopted to give effect to the principles and aim of this Code, should be publicly stated and should apply on the same basis to all those involved in the manufacture and marketing of products within the scope of this Code.

11.2 Monitoring the application of this Code lies with governments acting individually, and collectively through the World Health Organization as provided in paragraphs 6 and 7 of this Article. The manufacturers and distributors of products within the scope of this Code, and appropriate nongovernmental organizations, professional groups, and consumer organizations should collaborate with governments to this end.

11.2 In accordance with existing instructions

11.3 Independently of any other measures taken for implementation of this Code, manufacturers and distributors of products within the scope of this Code should regard themselves as responsible for monitoring their marketing practices according to the principles and aim of this Code, and for taking steps to ensure that their conduct at every level conforms to them.

11.3 These instructions replace all previous guidelines. (See introduction).

11.4 Nongovernmental organizations, professional groups, institutions, and individuals concerned should have the responsibility of drawing the attention of manufacturers or distributors to activities which are incompatible with the principles and aim of this Code, so that appropriate action can be taken. The appropriate governmental authority should also be informed.

11.4 Complaints relating to alleged non-conformity by Nestlé with the WHO Code must be properly documented to allow prompt investigation. For this purpose a complaints form has been established (Attachment 4). Prompt investigation will be facilitated by careful documentation of the alleged non-conformity.

11.5 Manufacturers and primary distributors of products within the scope of this Code should apprise each member of their marketing personnel of the Code and of their responsibilities under it.

11.5 As stated under "General Remarks" these instructions must be communicated to all Company personnel employed by companies of the Nestlé Group or by agents and primary distributors engaged in the marketing of infant formula.

11.6 In accordance with Article 62 of the Constitution of the World Health Organization, Member States shall communicate annually to the Director General information on action taken to give effect to the principles and aim of this Code.

11.6 Addressed to governments

International Code of Marketing of Breast-milk Substitutes

Article 1. Definitions

For the purposes of this Code:

"Breast-milk substitute"	means	any food being marketed or otherwise represented as a partial or total replacement for breast-milk, whether or not suitable for that purpose.
"Complementary food"	means	any food, whether manufactured or locally prepared, suitable as a complement to breast-milk or to infant formula, when either becomes insufficient to satisfy the nutritional requirements of the infant. Such food is also commonly called "weaning food" or "breast-milk supplement."
"Container"	means	any form of packaging of products for sale as a formal retail unit, including wrap-around.
"Distributor"	means	a person, corporation or any other entity in the public or private sector engaged in the business (whether directly or indirectly) of marketing at the wholesale or retail level a product within the scope of this Code. A "primary distributor" is a manufacturer's sales agent, representative, actual distributor or broker.
"Health care system"	means	governmental, semi-governmental or private institutions or organizations engaged directly or indirectly in health care for mothers, infants and pregnant women and workers in child-care institutions. It also includes health workers in private practices. For the purposes of this Code, the health care system does not include pharmacies or other establishments where outlets
"Health worker"	means	a person working as a component of such a health care system, whether professional or non-professional, including voluntary unpaid workers.
"Infant formula"	means	a breast-milk substitute formulated industrially in accordance with applicable Codex Alimentarius standards, to satisfy the normal nutritional requirements of infants up to between four and six months of age, and adapted to their physiological characteristics. Infant formula may also be prepared at home, in which case it is described as "home-prepared".
"Label"	means	any tag, brand, mark, pictorial or other descriptive matter, written, printed, stencilled, marked, embossed or impressed on, or attached to, a container (see above) of any products within the scope of this Code.

INFANT FORMULA REQUEST FOR FREE/REDUCED-COST SUPPLIES

Please supply the following quantities of infant formula:

_____ Nan
_____ Lactogen
_____ Petargon

which are required for _____ infants who have to be fed on breast milk substitutes (please indicate number of infants).

The infants indicated above will require infant formula as their sole/partial (delete as applicable) source of nutrition for _____ weeks (please indicate number of weeks).

I estimate that the quantities requested above will be sufficient until the infants concerned are no longer dependent on infant formula.

Additional remarks (if any):

I confirm that the Company has drawn my attention to the text overlaid with regard to the use of free/reduced-cost supplies.

Authorized signature: _____

Name and Address: _____

"Manufacturer" means a corporation or other entity in the public or private sector engaged in the business or function (whether directly or through an agent or through an entity controlled by or under contract with it) of manufacturing a product within the scope of this Code

"Marketing" means product promotion, distribution, selling, advertising, promotion, public relations, and information services

"Marketing personnel" means any persons whose functions involve the marketing of a product or products coming within the scope of this Code

"Samples" means single or small quantities of a product provided without cost

"Supplies" means quantities of a product provided for use over an extended period, free or at a low price, for social purposes, including those provided to families in need

**INFANT FORMULA
SAMPLE REQUEST FORM**

Attachment 3

Please supply the following samples of infant formula for "Professional Evaluation/Research":

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	52
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Lactogen

Pelargon

I confirm that the company has drawn my attention to the text overlaid with regard to the use of samples.

Authorized signature: _____

Name and address:

Article 6.7 Where donated supplies of infant formula or other products within the scope of this Code are distributed outside an institution, the institution or organization should take steps to ensure that supplies can be continued as long as the infants concerned need them. Donors, as well as institutions or organizations concerned, should bear in mind this responsibility.

[illegible]

INFANT FORMULA SAMPLES WHO RECOMMENDATIONS

Article 3. Definition:

"Samples" means single or small quantities of a product provided without cost.

Article 5.1. Manufacturers and distributors should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples of products (infant formula) within the scope of this Code

Article 7.4 Samples of infant formula or other products within the scope of this Code, or of equipment or utensils for their preparation or use, should not be provided to health workers except when necessary for the purpose of professional evaluation or research at the institutional level. Health workers should not give samples of infant formula to pregnant women, mothers of infants and young children, or members of their families.

Attachment +

NESTLE INFANT FORMULA AUDIT COMMISSION Complaint Form

The Nestle company has made a public commitment to conduct its marketing of infant formula according to the World Health Organization International Code of Marketing of Breast-Milk Substitutes. In order to monitor its compliance with the WHO Code, Nestle has asked the members of this Commission to investigate possible violations. Complaints may be sent directly to Nestle or directly to the Commission. Use of this form will help the Commission by supplying the kind of information it needs for its investigations. The Commission's By-Laws provide for respecting anonymity, but anonymity may hinder a thorough investigation.

1. Country _____ City or Village _____
2. Description of apparent violation. _____
3. Brand name of product involved _____
4. Place (and address if possible) where violation occurred (for example, name of particular medical institution or store, or particular newspaper or radio station) _____
5. Date and time when violation was observed _____
6. Description of violation (as much detail as possible) _____
7. Use other side or additional sheets (if necessary) _____
8. Person responsible for violation (if known) _____
9. Page of Nestle Company responsible (if known) _____

10. Names and addresses of any other witnesses who can be approached in investigating the complaint _____

Have you had any contact with Company officials or with governmental or health authorities about this apparent violation? Please describe and give names if known. _____

Other information or comments _____

Name, address, and telephone number (if available) of person submitting form (please print or type if possible)

Date	Signature
If possible, please enclose actual evidence (photos, letters, affidavits, tape recordings, etc.) relating to the activities concerned.	

Hon. Edmund S. Muskie, Chairman
Nestlé Infant Formula Audit Commission
Suite 900
1101 Vermont Avenue, N.W.
Washington, D.C. 20005
U.S.A.

**IMPORTANT NOTICE TO ALL RETAILERS OF
NESTLE INFANT FORMULA**

On May 1981 the 14th World Health Assembly adopted the World Health Organization (WHO) International Code of Marketing of Breast-Milk Substitutes. This Code is intended to contribute to the promotion of safe and adequate nourishment for babies, in particular by encouraging breast feeding and ensuring that appropriate breast milk substitutes are available only when necessary. Nidale has publicly stated its support for the Code and has issued instructions to all its salesmen personnel to ensure that Nidale marketing practices are in accord with the principles and Aim of the Code.

The Nestlé instructions relate to the following infant formula products (insert brand names), and are the only products Nestlé market as suitable for use as breast milk substitutes in (insert name of country)

We should like to draw your attention particularly to the WHO Code Article 3.3 and the relating instructions to Nestlé.

WHO CODE ARTICLE 53

NESTLE INSTRUCTION

21 in conformity with paragraphs 1 and 2 of the Article, there must be no point of sale advertising, giving of samples, or any other promotional device to induce sales directly to the consumer in the retail store, such as special displays, discount coupons, premiums, special offers. All orders must be in strict conformity with the scope of the Code. The provision should not restrict the establishment of selling outlets, and no salesperson should be authorized to provide products at lower prices on a case-by-case basis.

13 In conformity with existing instructions, sales promotions activities at the child level on behalf of infants formula are not permitted.

—by category (uniform prices)

— **WILLIAM J. BRYAN**, 1896

THE UNIVERSITY OF CHICAGO LIBRARY

[illegible]

For more information, call 1-800-368-6868 or visit www.360degrees.com

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This policy shall be communicated to readers of *Nature* before format

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11. *What is the purpose of the study?*

require claims and only presentation of uniform formula as the por-

4. The agency reviewed and approved the proposed project as presented, but proposed minor changes to the project description and the project objectives.

As we will see, it is Nestlé's policy to prevent the promotion of infant formula at the point of sale, since this might have the effect of persuading a mother not to breast feed, or to discontinue breast feeding too early.

and ensure that in the interests of mothers and babies, retailers will respect Nestlé policy in this regard, and will not allow any advertising or sales promotion of infant formulae other than normal display as a result of a promotion.

Patented by the United States Patent Office